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ABSTRACT

This report to Congress has been acknowledged by Department of Health, Education and Welfare officials as an accurate and comprehensive view of child development issues in the United States, circa 1979. Chapter 1 lists multi- purposes of the review, recapitulates Congressional interest in early childhood and family development programs, defines basic terms, overviews recent federal involvement in early childhood programs, recounts recent major reports on national policy on children and families and establishes the scope of the review. Chapter 2 stresses the importance of environment on development, surveys recent views on early childhood development and emphasizes the importance of the family. Chapter 3 surveys serious problems existing in the United States which adversely affect the development of children, including single-parent families, lack of prenatal care, poor environments, poor nutrition, lack of immunization, and child abuse. Implications of these conditions for school performance are discussed. Chapter 4 explores research findings which indicate that early childhood programs are effective and that parents are receptive to such programs. Chapter 5 delineates the scope of present programs and indicates the unmet need for child and family development programs. Chapter 6 describes HEW-sponsored demonstration programs. Chapter 7 indicates potential benefits and costs of programs and suggests considerations for program implementation. Selected program data are appended. (Author/RH)

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BY THE COMPTROLLER GENERAL

Report To The Congress

OF THE UNITED STATES

U S DEPARTMENT OF HEALTH EDUCATION & WELFARE NATIONAL INSTITUTE OF EDUCATION

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Early Childhood and Family Development Programs Improve The Quality Of Life For Low-Income Families

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This report discusses the benefits that early childhood and family development programs provide. It also discusses how these programs could reduce problems that contribute to educational and health deficiences in children that are expensive and difficult to overcome in later years.

The Department of Health, Education, and Welfare operates effective early childhood and family development programs for low-income families. The Congress should consider this report in its deliberations on future legislation that authorizes comprehensive child care programs.

PS 010402

HRD-79-40
FEBRUARY 6, 1979

COMPTROLLER GENERAL OF THE UNITED STATES
WASHINGTON, D.C. 20548

B-164031(1)

To the President of the Senate and the
Speaker of the House of Representatives

This report discusses how effective early childhood and family development programs can improve the quality of life for low-income families and children.

Our review was made to determine the need for and the impact of early childhood and family development programs.

This report also discusses the effect of the early years of life and the family on a child's development, problems adversely affecting the child's development, the extent that child and family development programs are serving those in need, the impact of HEW sponsored child and family development programs, and the potential benefits and costs of these programs.

We are sending copies of this report to the Director, Office of Management and Budget; and to the Secretary of Health, Education, and Welfare.

Comptroller General
of the United States

COMPTROLLER GENERAL'S
REPORT TO THE CONGRESS

EARLY CHILDHOOD AND FAMILY DEVELOPMENT PROGRAMS IMPROVE THE QUALITY OF LIFE FOR LOW-INCOME FAMILIES

D I G E S T

This report shows that early childhood and family development programs for low-income families are needed; they can result in reduced health, social, and educational problems in young children that are expensive and difficult to overcome in later years.

About 3.7 million young children are badly in need of help to attain an opportunity to lead successful and healthy lives. Many young children receive inadequate care. Consider the following:

--In 1975 about 89,000 women who gave birth received little or no prenatal care, thereby greatly increasing the risk of mental retardation in the newborn. Health experts have estimated that 75 percent of the incidence of mental retardation can be attributed to adverse environmental conditions during early childhood. (See pp. 22 and 23.)

--Millions of children suffer from poor nutrition, a lack of immunization, abuse, neglect, and undiagnosed learning disabilities. (See pp. 24 to 26.)

--Low-income children as a group perform significantly worse in school than other children. The Department of Health, Education, and Welfare (HEW) estimates that 25 percent will drop out before obtaining their high school diplomas. Children who fail in school may turn to delinquent behavior. (See pp. 27 and 28.)

Research completed in 1977 indicates that developmental programs for low-income children during their first 4 years of life

--produced lasting, significant gains,

--helped them to perform significantly better in school than control groups of children who had no early childhood development programs, and

--were most effective when the child starts at a young age and when parents are closely involved in the program.

The research also showed that parents were receptive to and enthusiastically supported such programs. (See pp. 30 to 40.)

Only a small percentage of children and families needing services receive them. Head Start is the largest comprehensive child development program; however, it served only about 402,000 children in fiscal year 1978, and it is basically limited to children between 3 and 5 years old. State and local comprehensive programs in early childhood and family development are extremely limited for children 4 years old and under. (See pp. 41 to 52.)

HEW has demonstrated an effective program in early childhood and family development with the Child and Family Resource Program. This program provides services to low-income families and their children from the prenatal period through 8 years. The program is comprehensive and provides services under four major components: family social services, early childhood education, health screening and services, and parental involvement. (See pp. 53 to 65.)

The costs of early childhood and family development programs would vary, depending on how the programs were implemented and on community needs and resources. Based on its review of Child and Family Resource Programs, GAO found that these comprehensive programs cost about $1,890 per year per family and up to $1,154 in costs incurred by outside agencies that provide services to families referred by the program. (See pp. 65 to 68 and 79 to 81.)

MATTERS FOR CONSIDERATION BY THE CONGRESS

The Congress should consider this report in its deliberations on any future legislation that authorizes comprehensive child care programs. If this legislation is enacted, it should require that the programs provide or secure (emphasizing use of existing community resources) comprehensive services for young children and their families who wish to participate, including

--preventive and continual health care and nutrition services,

--family services based on a needs and goals assessment for each family,

--developmental/educational programs for children from birth through preschool years (with recognition that parents are the first and most important educators of their children),

--preschool/elementary school linkage efforts to enhance the continuity of development, and

--programs that involve parents in program activities and give parents an influential role in program planning and management.

Funding comprehensive child care programs should be increased gradually, and evaluations should be made while they are ongoing. The programs should be revised and improved as new and effective techniques pertaining to the development of young children and families are discovered and refined.

AGENCY COMMENTS

Oral comments were obtained from HEW representatives. They agreed with the findings and conclusions of the report and said that it presents an accurate and comprehensive view of child development issues.

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ABBREVIATIONS

ACYF	Administration for Children, Youth, and Families
AFDC	Aid to Families with Dependent Children
ARC	Appalachian Regional Commission
CETA	Comprehensive Employment and Training Act
CFRP	Child and Family Resource Program
GAO	General Accounting Office
HEW	Department of Health, Education, and Welfare
OCD	Office of Child Development
PCC	Parent-Child Center
PCDC	Parent-Child Development Centers
WIN	Work Incentive Program

CHAPTER 1

INTRODUCTION

We reviewed early childhood and family development because:

--Since the 1960s a considerable body of research evidence has shown that the first 4 years of life are critical to a person's development.

--There is evidence that a positive early childhood environment can benefit children, and that many children suffer very negative early childhood environments.

--Since the beginning of this decade, the Congress has expressed a great deal of interest in early childhood and family development.

--The Carter administration has emphasized its commitment to improve family solidarity.

PURPOSE OF OUR REVIEW

Our review of early childhood and family development programs was directed toward determining

--how extensive the need is for early childhood and family development programs,

--what problems exist in American society that might be reduced through preventive-type early childhood and family development programs,

--what research results show on the outcomes of programs that have been designed to enhance early childhood and family development,

--what Federal and State efforts exist to provide early childhood and family development services,

--what effect selected Federal demonstration projects in early childhood and family development had on enrolled families, and

--what are the potential benefits and costs of early childhood and family development programs.

THE CONGRESS HAS SHOWN INTEREST IN EARLY CHILDHOOD AND FAMILY DEVELOPMENT PROGRAMS

Both Houses of the Congress sponsored bills (S. 2007, H.R. 10351) in 1971 authorizing a $2 billion child development program. This legislation was vetoed by President Nixon, and the Congress did not override the veto.

A child development bill was reintroduced in the Senate in 1972--the Comprehensive Head Start, Child Development and Family Services Act. This bill (S. 3617) passed in the Senate but the House took no action on the measure. Both Houses of the Congress introduced a child development bill (S. 626, H.R. 2966) again in 1975. Hearings were held but no further action was taken in either body.

The Congress showed support for early childhood development in 1977 by increasing the appropriation level for the Head Start program. (See p. 5.) In fiscal year 1978 $625 million was available for Head Start--an increase of $150 million from the previous year. This represents the first major expansion of Head Start since 1968.

The Chairman of the Subcommittee on Child and Human Development, Senate Committee on Human Resources, stated that he planned to introduce a comprehensive child care bill at the outset of the 96th Congress. During a floor statement given August 24, 1978, the Chairman said that consideration of this legislation would be the top priority for the Subcommittee in the 96th Congress.

The Chairman said that, although the need for child care seems clear, the solution has not been easy to come by; he cited the attempts over the last 8 years. The Chairman also said that enough was known about child care to move forward with legislation that addresses some of the needs, and that legislation would help uncover the answers presently lacking about the full dimension of child care. The Assistant Secretary for Human Development Services, Department of Health, Education, and Welfare (HEW), also expressed this view in her testimony before the Subcommittee on February 20, 1978.

Hearings held by the Subcommittee in 1977 and 1978 on the subject were to solicit comments about the need for Federal legislation on child care and how to best shape such legislation. The strongest theme to emerge from the hearings was the need for more child care programs. The hearings brought out the importance of: Federal standards for child care, State and

local licensing for child care programs, parental involvement, a pluralistic child care system that would allow parents a range of alternatives of child care services and program types, and information and referral programs. Witnesses noted that the expansion of child care services could provide employment for thousands of people. They also stressed that child care workers must be given adequate emotional, social, and physical support.

The Chairman said that cost effectiveness is an important factor that must be addressed in any new Federal legislative approach. He said that in many ways child care programs are among the most cost effective of social service programs because they permit parents to work and earn their living rather than collect welfare, and that quality child care is also a long-term investment in the future.

Although the Chairman was considering a number of legislative options, there are some basic principles (listed below) that he believes should be included in child care legislation.

1. The legislation should make child care more available and affordable for low-income, working parents who are not receiving child care services through other programs and who cannot afford not to work. Families in this group should be given priority for services, and fees should be charged on a sliding scale based on income.

2. State governments must be principal agents for planning and coordinating the program to insure effective planning, coordination, and responsiveness to local needs and conditions.

3. To insure quality, the legislation should (a) require that programs meet Federal standards in order to receive Federal funds, (b) provide ways to help States improve their own licensing procedures for child care programs, (c) include provisions for insuring good working conditions, adequate pay, and appropriate training for child care workers, and (d) provide opportunities for parent involvement at all levels in child care programs.

4. The legislation should promote as wide a range of child care alternatives as possible, and allow for a diversity of sponsorships.

5. The funds provided under the new legislation should supplement, not supplant, existing Federal child care moneys. States should also be required to coordinate the child care programs funded under different authorities, and to coordinate with programs providing other services to children and families.

6. The legislation should provide for a special grant program to support innovative demonstration programs in areas such as care for children whose parents work nights or care for children who are sick.

7. It is vitally important that the legislation contain specific provisions that will enable both the Congress and the public to assess how funds are being expended and what progress States are making toward helping families in real need of assistance.

8. The legislation would in no way interfere with the roles and responsibilities of parents in raising and caring for their children. Participation in any program supported by this legislation should be totally voluntary, and through parent involvement it should be possible for parents to make the decisions and choices about how they want their children cared for.

COMPREHENSIVE EARLY CHILDHOOD AND FAMILY DEVELOPMENT SERVICES--OUR DEFINITION

We believe it is important to define our use of the term "comprehensive early childhood and family development services." This is a common term but it does not have a single meaning.

We use the term "early childhood" to include the prenatal period through age 8 years. Because the family is nearly always the primary support system for the young child, we believe the terms "early childhood" and "family" need to be considered together in child development.

Families in America take many forms; the family that consists of a married man and woman and their children is only one of a number of different living arrangements. Since this report focuses on the child as part of a family, the term "family" will refer to any adult arrangement that has the nurturing of a child as one of its functions. In the same way, the term "parent" refers to any adult with responsibility for the care, development, and protection of a child.

"Comprehensive services to young children and their families" means services to meet all needs that are critical to the development of the child and should include the following: prenatal care, health screening and referral, nutrition, educational/developmental programs, social services, mental health services, parent involvement and education, and special services for handicapped children.

RECENT FEDERAL INVOLVEMENT IN EARLY CHILDHOOD PROGRAMS

Initiated in 1965, the Head Start program is the most extensive Federal child development program. The Head Start program is administered by the Head Start Bureau of the Administration for Children, Youth, and Families (ACYF) in HEW. Head Start is authorized to provide health (physical, mental, and dental health), educational, nutritional, social, and other services primarily to economically disadvantaged preschool children aged 3 through 5 years and their families. Through the late 1960s and into the 1970s, Head Start research and development funds provided incentives for experimentation in models of early childhood development programs. Many of these efforts were to compensate for the impact of economic deprivation in a child's development.

In 1968, an amendment to title XIX of the Social Security Act (42 U.S.C. 1396) provided funds to States to initiate early and periodic screening, diagnosis, and treatment programs under Medicaid for persons up to 21 years.

The 1970 White House Conference on Children and Youth focused further public, government, and legislative attention on early childhood development. The conference publicized the need for reforms in America's child care delivery system. Among the recommendations were establishing a national child advocacy center, organizing State advisory committees on children, and developing a Federal comprehensive child care policy.

Title XX of the Social Security Act was added by the Social Services Amendments of 1974 (42 U.S.C. 1397). For fiscal years 1976 to 1979 inclusive, title XX has an authorized ceiling of about $11.5 billion to be allocated to the States according to population for social services--including services for children. Title XX incorporated the existing social services programs under titles IV-A and VI of the Social Security Act. According to an HEW study of fiscal year 1977 State plans, day care services are the largest area of estimated spending from title XX funds. Day care is a social service defined as the care any child receives from someone other than his/her own parents or guardians during part of any day.

The Education for All Handicapped Children Act (20 U.S.C. 1401), which became effective in November 1975,

requires States to locate and provide a free and appropriate education to every school-age handicapped child by 1980 in order to qualify for assistance under the Act. Although the law does not require States to serve preschoolage handicapped children, it does provide incentive grants for States which choose to commit themselves to meeting the needs of 3-5 year olds.

Head Start has given priority in recent years to meeting the needs of 3-5 years olds and their families. Three sizable demonstration efforts have been funded:

--Child and Family Resource Programs.

--Parent and Child Centers Program.

--Home Start Centers.

These programs are discussed in more detail in chapter 5 of this report.

RECENT MAJOR REPORTS ON NATIONAL POLICY ON CHILDREN AND FAMILIES

At least two significant publications have been issued since 1976 on the subject of national policies for early childhood and family development. These are "Toward A National Policy for Children and Families" (1976), prepared by the HEW Advisory Committee on Child Development 1/ (for an explanation of footnotes see app. I); and "All Our Children: The American Family Under Pressure" (1977), authored by Kenneth Keniston and the Carnegie Council on Children. 2/ A brief summary of these publications follows.

"Toward A National Policy for Children and Families"

The National Policy publication emphasizes that changes in American society over the past 25 years have significant implications for family life and child development. More important changes include greatly increased numbers of children living in single-parent families, large increases in the number of working mothers, and trends toward urbanization.

Millions of American children are considered to have a developmental disadvantage. The National Policy publication provides data showing that children from low-income families suffer from poor health care, below average educational development, and inadequate child care arrangements when parents are absent.

The authors believed that Government programs were not adequately meeting the needs of America's children and families. They noted that Federal programs for children are fragmented among dozens of departments and agencies; the situation is even more confused at State and local levels. Despite some efforts at community and regional planning and coordination, the result has been the insufficient availability of services in many localities and the duplication of effort in others.

The authors recommended that the Federal Government take the lead in developing a comprehensive national policy for children and families, the essential components of which include: 3/

--employment, tax, and cash benefit policies that assure each child's family an adequate income;

--a broad and carefully integrated system of support services for families and children; and

--planning and coordination mechanisms to ensure adequate coverage and access of families to the full range of available services.

"All Our Children: The American Family Under Pressure"

The Children publication reaffirms the central importance of the quality of the family environment as a critical factor in determining the quality of a child's development. The Council emphasizes that the family cannot be separated from society at large; one child in four in America is harmed by a "stacked deck" created by failings in American society. Therefore, equalizing opportunity in schools will not alone create social equality of opportunity because the economic arena is unequal. 4/

The Carnegie Council proposes that the Nation develop a national family policy which involves reforms in social policy, work practice, law, and services. For children's sake, the Council believes public advocates should support 5/

--jobs for parents and a decent living standard for all families;

--more flexible and family conscious working conditions and practices;

--an integrated network of family services (with parents playing a strong role in the services) with emphasis on preventive services;

--proper health care for children; and

--improved legal protection for children outside and inside their families--the law should make every effort to keep families together.

SCOPE OF REVIEW

We reviewed literature on early childhood and family development. This included reviews of various publications on current theories of early childhood development, publications concerning a need for national policies on children and families, publications concerning social problems, research papers on the effects (short term as well as long term) of early childhood and family development programs, reports on State efforts in early childhood and family development, and HEW planning documents.

We interviewed ACYF officials. We attended the national conference on Parents, Children, and Continuity, which was sponsored by HEW. We met with nationally recognized researchers in the area of early childhood and family development and with national organizations concerned with child and family issues.

We examined the research of the Consortium of Developmental Continuity at Cornell University, which was coordinated by Dr. Irving Lazar. The research included data from 14 early childhood development programs conducted before 1969. The research was to assess the long-term effects of these programs on participating children and families. We also examined the reports on 5 years of research under three experimental early childhood research models called the Parent-Child Development Center program.

We reviewed the activities of selected demonstration projects sponsored by ACYF to assess the effects of these projects on enrolled families, and to determine program costs. We considered the following criteria in selecting projects for review: urban/rural, ethnic backgrounds, and geographic location. The projects selected were the Child and Family Resource Programs (CFRPs) in St. Petersburg,

Florida; Gering, Nebraska; Las Vegas, Nevada; and Bismarck, North Dakota. (See note below.) At these projects, we

--reviewed detailed family data files for 82 enrolled families;

--interviewed parents of 64 families enrolled in CFRP;

--interviewed program directors, staff, and volunteers;

--interviewed officials of community agencies that provide support services to CFRP families;

--observed program operations, including home visits, classroom activities, and parent policy meetings; and

--reviewed the programs' financial records.

We also surveyed the activities of the Parent-Child Centers (PCCs) in La Junta, Colorado; Washington, D.C.; and Omaha, Nebraska. Our work at these projects included reviews of project records, discussions with project officials, and visits to the homes of enrolled families.

Note: The 11 CFRPs are located in: New Haven, Connecticut (Region I); Poughkeepsie, New York (Region II); Schuylkill Haven, Pennsylvania (Region III); St. Petersburg, Florida (Region IV); Jackson, Michigan (Region V); Oklahoma City, Oklahoma (Region VI); Gering, Nebraska (Region VII); Bismarck, North Dakota (Region VIII); Las Vegas, Nevada (Region IX); Salem, Oregon (Region X); and Modesto, California (Indian and Migrant Program).

CHAPTER 2

THE EARLY YEARS OF LIFE ARE CRITICAL, AND THE FAMILY IS THE KEY

Research indicates that the first 4 years of life are a critical period in a person's development--at no other time will a person develop or learn as rapidly as during the first 4 years. Data also suggests that a child who is significantly below average in development at age 4 will probably be a poor achiever for life. Certainly the adage "an ounce of prevention is worth a pound of the cure" applies to the early years in the wholesome development of a child.

Early childhood experts generally agree that the family is the primary influence in a young child's development. Research shows that the most effective child development programs have been family-oriented programs that have meaningfully involved parents in educating their children.

THE ENVIRONMENT IS AN IMPORTANT FACTOR IN THE YOUNG CHILD'S DEVELOPMENT

Data gathered during the past decade strongly indicate that the child's environment strongly influences the development of intelligence. A synopsis of the more important studies follows.

Intelligence has historically been viewed as essentially fixed by heredity. As recently as 1969, Arthur Jensen, then at the University of California at Berkeley, made the widely popularized statement that 80 percent of the variance in intelligence is genetically determined, with 20 percent contributed by environment. 6/ Jensen and others who believe that intelligence is essentially hereditary use this statement to support their arguments that innate differences in intelligence exist among the races and that bringing higher education to the lower socioeconomic classes is a difficult task.

Other researchers feel that the environment has a heavy influence on a child's intelligence. An important study showing that intelligence is not hereditary, but heavily influenced by environment was conducted by Rick Heber (University of Wisconsin) and his associates in Milwaukee, Wisconsin (1972). 7/ Heber found that mothers with intelligence quotient (IQ) scores below 80 tended to have children who had low IQ scores. Heber enrolled 20 families in his program with the criteria that the mother had a

newborn infant and her IQ score was below 80. The program provided extensive developmental services for 6 years to the mothers and their children. At 5-1/2 years of age the children who received the services had a mean IQ of 124, whereas a control group of children had a mean IQ of 94--a significant difference of 30 points. Moreover, IQ tests given to older siblings of children in the experimental group showed mean IQs of 85--a remarkable 39 points lower than their younger brothers and sisters who were in Heber's program.

Christopher Jencks and his staff at Harvard University, compiled a comprehensive statistical study on the heredity question. 8/ His data indicate that mental capacity depends in large part on experiential and environmental factors.

In 1961, J. McVicker Hunt (of the University of Illinois) published a book presenting evidence contrary to many assumptions of the hereditary view--particularly the belief in fixed intelligence and predetermined intellectual development. 9/ Hunt proposed that intellectual development is a function of the interaction of heredity and environment. He presented data from animal research and studies of institutionalized babies showing that a restricted environment and lack of intellectual stimulation during infancy may have permanent, irreversible, detrimental effects on intellectual and problem-solving abilities.

RECENT VIEWS ON EARLY CHILDHOOD DEVELOPMENT

Various experts believe that child development is a continuous process that begins in the prenatal stage. While it is inappropriate to select a single period of life as being the only important stage in a child's development, it is also inappropriate to ignore certain life periods or label a period of life as insignificant. Compared to a child's school years (ages 5-18), our society has largely ignored the early childhood period (prenatal to age 4), at least in terms of programs to provide developmental services to young children and their families.

There is a large body of evidence showing that the first 4 years of life are especially critical in the development of language, curiosity, social skills, and the roots of intelligence. Furthermore, indications are that failures in these developmental areas during early childhood lead directly to underachievement later in life. Various psychologists and educators have published studies on the importance of a person's early years. The following discussion includes the views of a few recognized experts in the field of early childhood development.

Benjamin Bloom (University of Chicago) wrote in 1964 that 50 percent of intelligence measurable at age 17 is developed by the time a child is age 4. 10/ Bloom stated that a child's early environment is very important because of the development of intelligence during this period. The consequences of negative environmental conditions are summed up by Bloom:

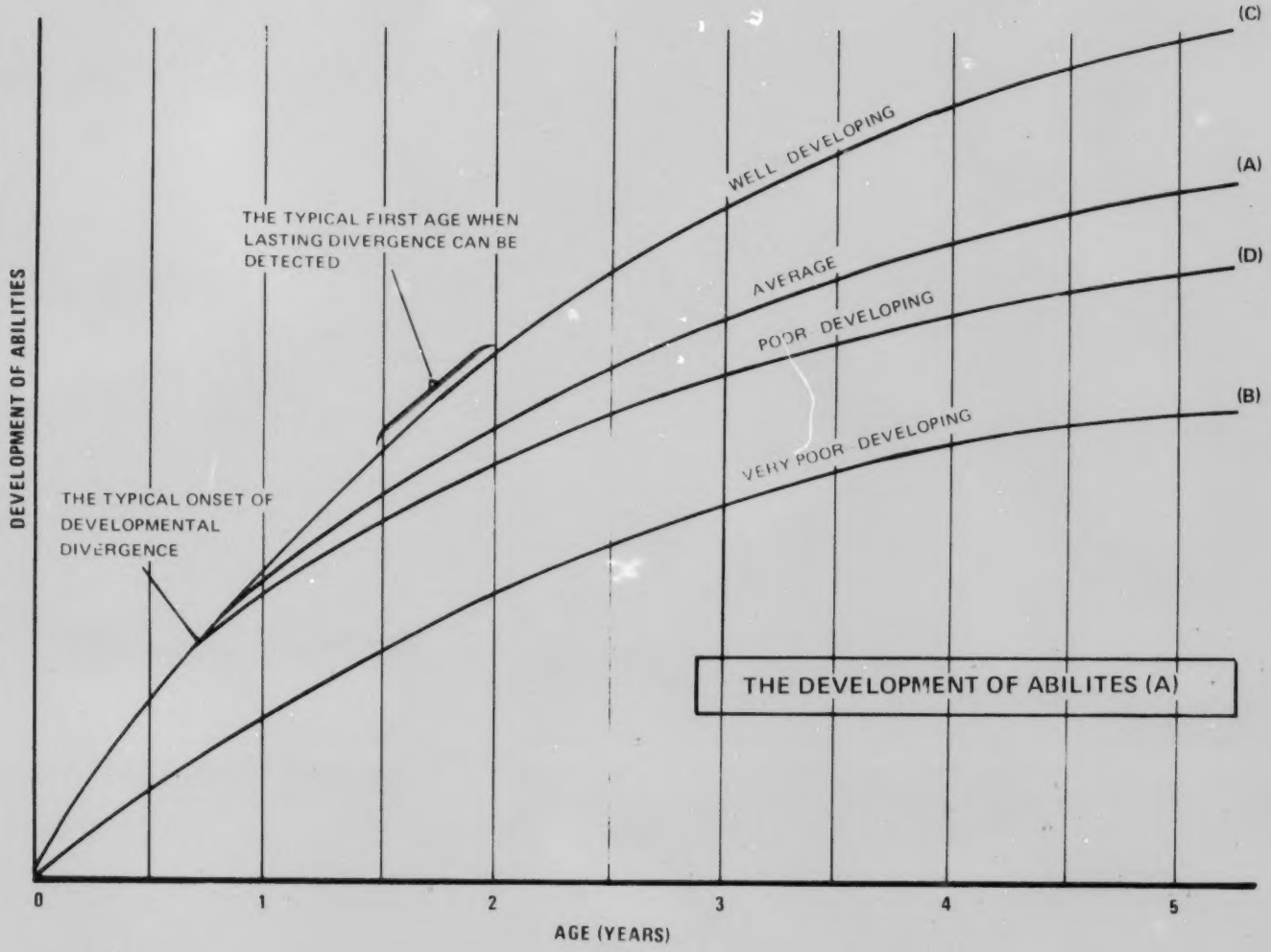
> "* * * a conservative estimate of the effect of extreme environments on intelligence is about 20 IQ points. This could mean the difference between a life in an institution for the feeble-minded or a productive life in society. It could mean the difference between a professional career and an occupation which is at the semi-skilled or unskilled level * * *." 11/

J. McVicker Hunt has written extensively on early education. He was an early proponent of the concept that the early years of life are when the greatest potential for growth in psychological development is present. 12/ Because of the opportunity for significant development during the early years, Hunt believes future early childhood education will play a major role in America's social evolution.

Hunt has stated that early childhood experiences are very important because later stages of intelligence are based upon early development. He also stated that as children grow older their behavior patterns tend to become fixed and more difficult to modify. 13/

One of the Nation's leading authorities in early childhood development is Burton White (Harvard University). White has conducted extensive research since 1959 on the early educational development of children. He believes that what a child experiences between 8 and 36 months of age will have more to do with that child's future success and well being than any other period of his/her life. Moreover, White has stated: "If a child is six months or more behind in academically relevant areas, such as language and problem-solving skills, at three years of age, he is not likely to ever be successful in his future educational career." 14/

In his book "The First Three Years of Life," White states that during the middle of the second year of life children begin to reveal their directions in development. 15/ White presented the following chart in his book, which summarizes the importance of the first 3 years by depicting variances among children in the development of abilities.



SOURCE: WHITE, BURTON L., "THE FIRST THREE YEARS OF LIFE

White stated children can be classified into two developmental groups at birth. The group classified on the chart as very poor developing are those children born mentally retarded. The second group, containing the vast majority of children, are those born with full potential for at least average development.

White believes that developmental differences begin at about 8 months for the children in the second group. These differences can be first detected from 18 to 24 months of age. By the time a child is 36 months old, the child is into a rather solid developmental pattern somewhere in the range of poor developing to well developing, depending on early childhood experiences. White believes this developmental pattern is difficult to alter after 36 months.

Through their many years of research on the development of young children, White and his staff have identified four fundamental learning foundations that all children experience during the first 3 years of life:

--Language development.

--Social development.

--Curiosity development.

--Intellectual development. 16/

White's views on each area are discussed briefly below.

From about the age of 7 to 9 months to about 36 months, most children acquire the ability to understand the majority of the language they will use in ordinary conversation throughout their lives. Language development is critical in a child's educational capacity. White states that no educator denies the central role of language in a child's educational career. 17/

A child has already developed a fairly stabilized personality by 2 years of age. The child has learned thousands of things that he/she can and cannot do in the home, and has learned to read the mood of his/her caretaker and respond accordingly. White believes it is too late to substantially alter basic social patterns after 2 years of age. 18/

White states that nothing that lives is more curious or interested in exploration and learning than the typical 8-month-old baby, and nothing is more fundamental to solid educational development than curiosity. The compelling urge to learn is found in nearly every baby, whether from a rich or poor family, but unfortunately it is not that difficult to stamp out during the next year or two. Many children by age 2 or 3 years become much less curious and interested in learning for its own sake. Often the causes of such educational setbacks are clearly discernible in the child-rearing practices in the home. 19/

White states that the seemingly simple play of infancy forms the foundations for later intelligent activity. The work of Jean Piaget, a Swiss psychologist who conducted research in the growth of intelligence from birth to adolescence, demonstrates quite impressively how the human mind absorbs all kinds of instrumental learning during the first 2 years of life. From the very first years, children are very much interested in cause-and-effect relationships and learning about simple mechanisms. Such events are trivial things on the surface, but they indicate a very deep interest in how things work and in the various characteristics of physical objects. 20/

Motor development describes the development of physical abilities and is an important area of development for a young child. Child development theorists have written of the connection between motor development and the development of intelligence. Piaget, for one, stresses that a sensory-motor period precedes a later mastery of cognitive skills. Bryant J. Cratty (University of California at Los Angeles) sees the interdependence more as "latticework" where various channels of development can interact. 21/ In any event, researchers emphasize the importance and interdependency of perceptual, verbal, cognitive, and motor development skills.

Although the earlier an optimum environment is provided to a child the better, there is substantial disagreement with White's belief that it may be too late if a child is not reached by age 3. Research has shown that intervention with children ages 3 to 5 has been quite effective, including recent research on Head Start participants.

Edward Zigler, who was the first Director of the Office of Child Development (redesignated ACYF in August 1977), who is now at Yale University, recently remarked about whether there is a specific period in life critical to development:

"* * * we should also not waste our energies seeking magic periods * * *. We have one group of experts who say that the magic period is the nine months in utero, and that this period is where we should concentrate all our energies. Then we have another group of experts who say the magic period is the first year of life, the only time period worth intervening. Another group is still holding on to the 2 years before school as the crucial period. Still another group of experts maintain that the first three elementary grades are the magic period. Now, believe it or not, another group of workers including my colleagues in Israel, tells us that adolescence is the critical period in the life cycle, the period where our intervention program should be.

"And I say that this is a useless and nonsensical argument. These are all magic periods." 22/

The importance of the child's first year of life for later intellectual functioning can be questioned, based on a research project conducted by Jerome Kagan, Harvard University (1973). 23/ His findings indicate that even extreme deprivation during the first year of life does not have permanent effects on primary mental abilities. Kagan studied a village of Guatemalan Indians whose infants are kept in dark huts, are not played with, and are not talked to during their first year of life to protect them from disease. As a result, when they are 2 years old the youngsters are severely retarded in motor and mental development, and they scored very low on standardized tests of infant ability. However, the retardation is apparently not permanent because Kagan's tests of older children (aged 5 to 11) from the same village indicated that their primary mental abilities are basically equal to those of American children.

Kagan also noted that this type of restricted environment for infants is characteristic of middle-class families living in Eastern Holland. Infants are placed in rooms with little adult contact and no toys (again for fear of disease) until they are a year old. But these children are also mentally normal by the time they are 5 years old.

In his book "Inequality," Christopher Jencks disagrees with White's view on child development and concludes that the rate at which a child develops before age 3 shows almost

nothing about the level at which he will perform as an adult. 24/ For example, Jencks states that children who learn to talk at an early age are no more likely to become articulate than children who talk later.

Jencks does indicate agreement with others on the composite importance of the early years. He states: "Around the age of 3, a child's precocity or retardation begins to predict his eventual level of cognitive skill. The correlations are at first quite low, but they rise steadily during the preschool years." 25/

Although opinions differ about the importance of the early years for a child's development, much research indicates that these years are important. Reaching the child early in life could also possibly reduce human suffering, as well as the number of children needing special programs. (Ch. 7 further discusses the benefits of early childhood development.)

THE FAMILY IS THE KEY TO GOOD CHILD DEVELOPMENT

The family is the primary influence in a young child's development. During the first 4 years of life a child is developing physically, emotionally, and academically at a rate unequaled in later years; the kind and quality of care and guidance the child receives during this period are therefore critical. Most of this care and guidance is usually in the hands of the child's family. In effect, the family acts as a system for delivering to young children the educational and developmental stimulation and support that will critically influence their later lives.

Data indicate that a critical factor in the success of an early childhood development program is achieving active participation in the program by parents and other family members. One impressive research example was an intervention program directed in 1970 by Merle Karnes (University of Illinois) which was to facilitate intellectual development in low socioeconomic status infants by working only with their mothers. 26/ There was no direct intervention with the children.

Karnes worked with 15 mothers who had children between 12 and 24 months old. The mothers attended a weekly, 2-hour group training session for about 15 months. The training program included demonstrations of how the mothers could use educational play materials with their children to stimulate

their intellectual and language growth; the importance of establishing a positive relationship between mother and child was also emphasized. In parent-centered discussions, the mothers were encouraged to become politically active to reduce the feelings of powerlessness so often expressed by the poor. At the end of the training period, the mean IQ scores of the children in the experimental and a matched control group at about 3 years of age were 106 and 91, respectively, a significant 15-point difference.

After his experience with operating an early childhood education program, Earl Schaefer (University of North Carolina) became a strong advocate of family-centered rather than child-centered programs. Schaefer's program was comparable in many important respects to a program operated by Phyllis Levenstein, except that Schaefer's tutors worked primarily with the young children, whereas Levenstein's tutors worked with mothers and children together. Immediately after completing the programs, gains of program participants were similar (about 17 IQ points); however, Levenstein's children maintained their gains for several years after they left the program while Schaefer's children did not. 27/

Schaefer has stated that a family-based program should increase the level of consciousness in all parents, to make them aware of their importance in their children's lives, to help them obtain the information they need, to provide the help they need to be more effective with their children, and to make them aware of community resources that they can use in educating their children.

Urie Bronfenbrenner of Cornell University, one of the Nation's leading authorities on the family's role in child development, examined research on early childhood programs and reached the following conclusion:

> "In summary, intervention programs which place major emphasis on involving the parent directly in activities fostering the child's development are likely to have constructive impact at any age, but the earlier such activities are begun and the longer they are continued the greater the benefit to the child." 28/

CHAPTER 3

SERIOUS PROBLEMS EXIST IN THIS COUNTRY WHICH ADVERSELY AFFECT THE CHILD'S DEVELOPMENT

A number of serious problems in this country affect the development of children:

--Increasing numbers of single-parent families.

--High infant mortality rates.

--Large numbers of women who receive inadequate prenatal care.

--Many cases of child mental retardation that are preventable.

--Large numbers of children suffering from poor nutrition.

--Large numbers of children lacking immunization against preventable diseases.

--Large numbers of children being abused and neglected.

--Increasing juvenile crime.

--Increasing adult crime and dependency on the welfare system.

ABOUT 3.7 MILLION CHILDREN UNDER 6 YEARS OLD ARE CONSIDERED HIGH RISK

The Advisory Committee on Child Development, established in 1971 at the request of the Office of Child Development (redesignated in 1977 as ACYF), in 1976 defined "high risk" children as all those who were in families below the poverty line by Government definition (3.1 million) plus those in families with annual incomes between $5,000 and $7,000 where the mother works (600,000); 29/ there were therefore 3.7 million high risk children under age 6.

The following table shows estimated numbers of children under age 6 by family income, family structure, and mother's labor force participation in 1975. High risk children are those above and to the left of the solid line.

Estimated Numbers of Children (in thousands) by Family Income, Family Structure, and Mother's Labor Force Participation (in 1975)

	Family income					Total by labor force status and family structure
	Under $3,000	$3,000 to $5,000	$5,000 to $7,000	$7,000 to $10,000	$10,000 and over	
Parent(s) in labor force:						
Single mother	293	343	273	274	324	1,507
Mother in two-parent family	116	180	309	782	4,126	5,513
Single father	12	28	16	35	68	162
Parent(s) not in labor force:						
Single mother	675	460	200	73	47	1,455
Mother in two-parent family	320	581	883	1,859	6,775	10,419
In family with neither parent	71	64	49	61	149	394
Total by income level	1,487	1,656	1,730	3,084	11,489	a/19,450

a/This total accounts for all children under 6 except about 70,000 not living in families, most of whom are presumably in institutions.

SOURCE: "Toward A National Policy for Children and Families," National Academy of Sciences, Washington, D.C., 1976.

Not only low-income families need help and support to assure adequate development of their children; however, they need help more than any other group. The conditions that low-income families experience probably account for poor child development. These conditions include a poor diet, crowded and noisy housing, a low level of education among parents, low intellectual expectations for their children, a general lack of books and toys within the home, and little emphasis on good language development.

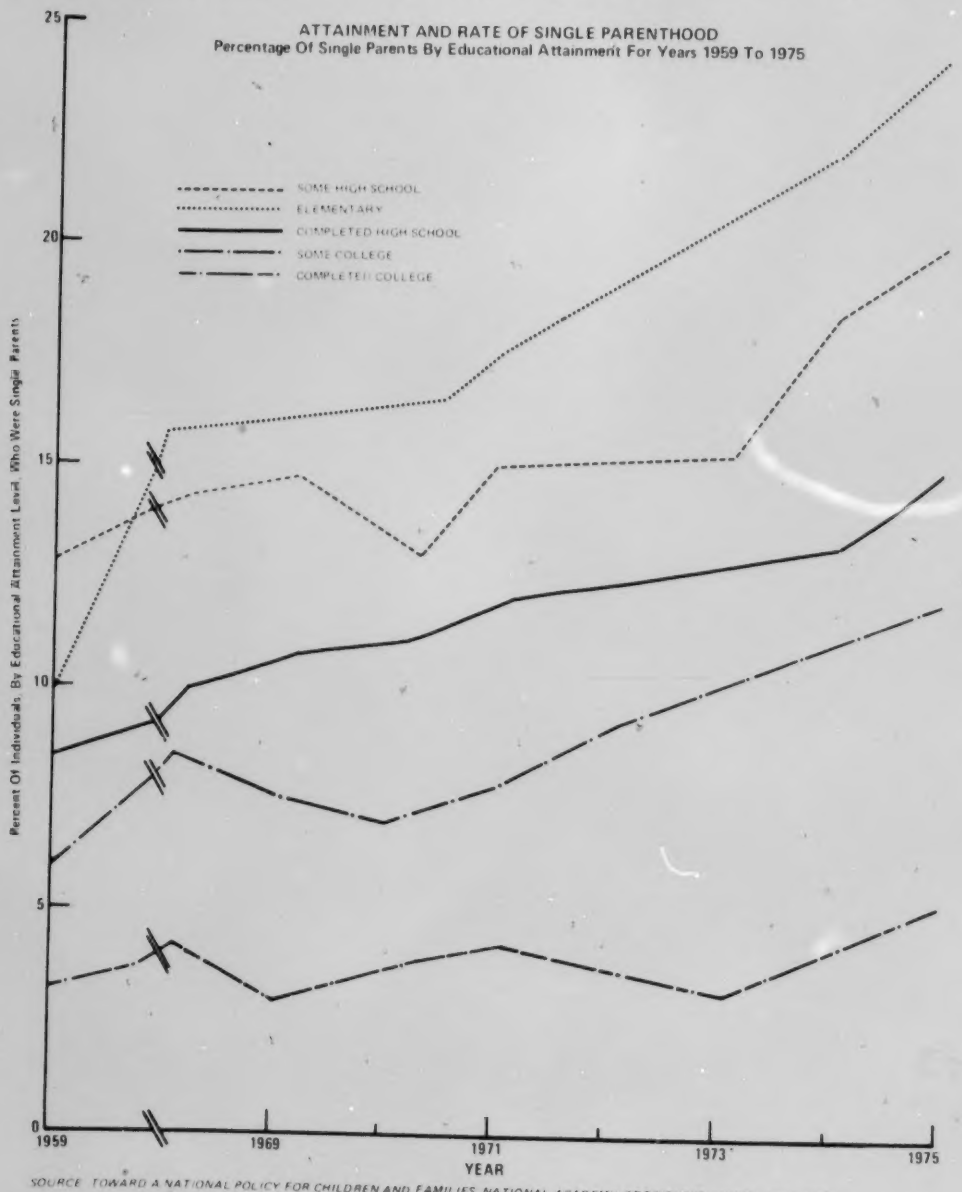
THE NUMBER OF SINGLE-PARENT FAMILIES IS INCREASING

Because of increased rates of divorce and illegitimate births, the percentage of children under 6 years old that live in single-parent families has increased significantly in recent years--from 9 percent in 1968 to 17 percent in 1975. 29a/

Although many single parents provide excellent care and shelter for their children, the level of economic deprivation in a large number of single-parent, female-headed households makes adequate child care a difficult task. For example, in 1974 all families having a husband and wife present and at

least one child under 6 years old had a median income of $12,866. The median income for a single-parent, female-headed family with at least one child under 6 years old was only $3,891. It was even worse for single-parent mothers under 25 years old with at least one child under 6 years; their median income was only $3,021. 30/

According to data from "Toward A National Policy for Children and Families," in general, the less schooling a mother has, the more likley she is to be a single parent. The following chart shows that the risk of single parenthood



SOURCE: TOWARD A NATIONAL POLICY FOR CHILDREN AND FAMILIES, NATIONAL ACADEMY OF SCIENCES, WASH., D.C. 1976

is greatest for those with the lowest levels of educational attainment. Because the schooling level has a direct correlation with an individual's income level, the low median income of single-parent mothers can be explained.

A continuous cycle is indicated by the correlation between poor school performance and single parenthood. The young female school dropout who has the greatest likelihood of becoming a single parent also has the least likelihood of obtaining prenatal care, and is least able to care for a baby. Recent data show that about 25 percent of all children at the end of infancy will have an IQ of 110 and above. However, among children born to young mothers 15 years old and under, only 5 percent will have an IQ of 110 and above at the end of infancy.

THE LACK OF PRENATAL CARE AND POOR ENVIRONMENTS FOR YOUNG CHILDREN CONTRIBUTE TO INFANT DEATH AND MENTAL RETARDATION

Child health experts generally agree that prenatal care should begin during the first 3 months of a pregnancy to have the greatest success in preventing infant mortality or other problems with lifelong consequences for children. Prenatal care allows the physician to

--detect and manage chronic disease in the mother,

--detect and treat infections and be alert for exposure to viral disease such as rubella,

--use prenatal fetal diagnosis to detect various genetic disorders,

--monitor the course of RH blood type incompatibility,

--detect and treat poisonings and help prevent the use of harmful substances during pregnancy--chronic alcoholism or drug addiction in the mother are of particular concern as potential causes of fetal damage,

--encourage optimal maternal nutrition, and

--lessen the chances of a premature birth.

The relationship between developmental problems in young children and a poor prenatal environment is quite clear. At a 1977 American Psychological Association conference, one presentation stated that experience with drug-addicted mothers, pregnant women living in unusually noisy situations, and women whose diets are deficient in nutrients has definitively shown that developmental problems--physical and psychological--can begin in the intrauterine stage.

About 34,700 women who gave birth in 1975 received no prenatal care; another 54,500 did not get prenatal care until their 8th or 9th month of pregnancy. Of babies born to women who receive no prenatal care, 20.1 percent were classified as low weight live births (birthweight of 2,500 grams--about 5-1/2 pounds--or less). The rate of low weight live births for all women was 7.4 percent.

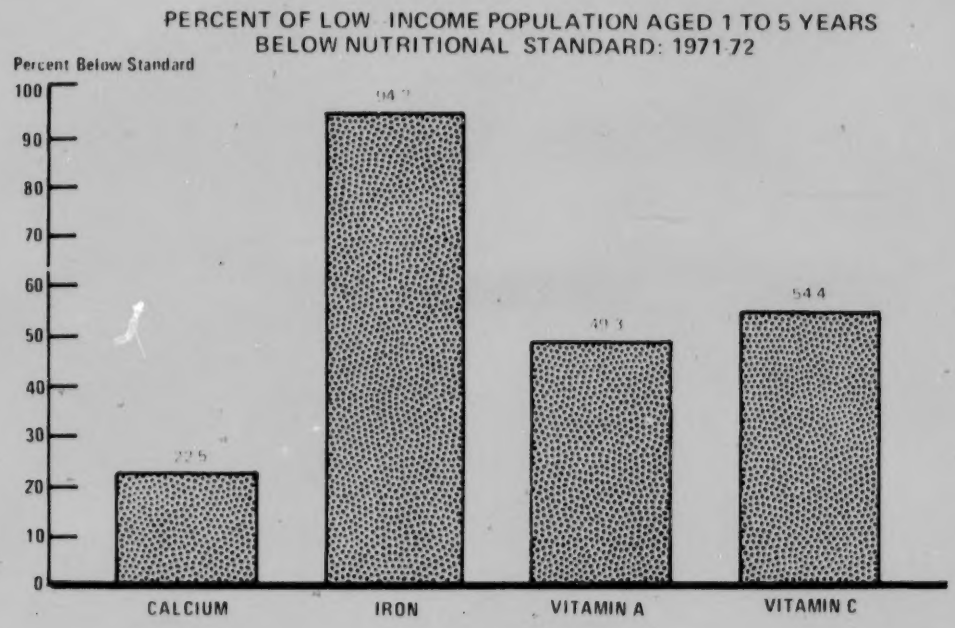
Very small premature babies are 10 times more likely to be mentally retarded than normal weight babies. In a special report to a subcommittee of the House Appropriations Committee, as part of its fiscal year 1975 budget justifications, HEW reported: "Researchers have found low birth weight to be a very important factor in stillbirths, in neurological abnormalities, and slow intellectual development."

Negative early childhood experiences are another major contributing factor to mental retardation in children. In our report to the Congress, "Preventing Mental Retardation--More Can Be Done" (HRD-77-37, Oct. 3, 1977), we stated that an estimated 75 percent of the incidence of mental retardation can be attributed to adverse environmental conditions during early childhood. This kind of mental retardation is commonly called sociocultural, cultural-familial, or retardation associated with psychosocial disadvantages. According to one expert, children born and reared in urban ghettos or impoverished rural areas are 15 times more likely to be diagnosed as mentally retarded than children from middle-class, suburban environments.

Another statistic giving evidence to the seriousness of the problems in inadequate prenatal care and negative early childhood environments is that in 1975 the United States ranked 16th among 42 nations in the rate of infant mortality (death during the first year of life). For poor children, the chances of dying in the first year of life are about two-thirds greater than for those living above poverty levels. 31/

POOR NUTRITION AND A LACK OF IMMUNIZATION ARE SIGNIFICANT CHILD HEALTH PROBLEMS

High percentages of low-income children from ages 1 through 5 years were inadequately nourished, according to the most recent national nutrition survey which was conducted in 1971-72. The graph below shows survey findings that pertain to low-income children:



SOURCE: THE STATUS OF CHILDREN: 1975, SOCIAL RESEARCH GROUP, THE GEORGE WASHINGTON UNIVERSITY, 1975

Present efforts of programs such as Women, Infants, and Children; Food Stamps; and Head Start have probably improved the nutritional status of low-income children since the above survey was conducted. However, more recent comprehensive data were not available.

An estimated 13.7 million (30.1 percent) of children 13 years old and under had not received a measles immunization in 1976. This problem was serious, as evidenced by the fact that 1977 was the worst year for measles since 1971. The number of students not adequately protected against polio, rubella, mumps, diptheria, whooping cough, and tetanus was about 18 million in September 1977.

CHILD ABUSE HAS BEEN TERMED A "NATIONAL EPIDEMIC"

It was estimated that there were approximately 1 million abused and neglected children in the United States in 1977. Best estimates indicate that some 2,000 children die each year from abuse and neglect. 32/

Child abuse occurs in all socioeconomic classes. However, the incidence of reported child abuse and neglect is highly concentrated in the lower socioeconomic classes, and causation is often associated with the economic and environmental stress experienced by the poor. Various studies have found that only a small percentage (5 to 15 percent) of abusing parents are actually pathological or "mentally ill" in terms of current psychiatric definitions.

Research findings indicate that the causes of child abuse and neglect are derived from a variety of sources which could be placed in three broad categories. They include:

--Sociocultural conditions: including insufficient income; unemployment; inadequate housing and crowding; social isolation; cultural/community norms (such as the sanction of violence); heavy, continuous child care responsibility; lack of knowledge on child development or parental skills; and alcohol/drug abuse.

--Psychodynamic conditions: including nonsupportive marital relationships; poor self-concept and low self-esteem; parental history of having been abused as a child; being reared in a non-nurturing environment; impulse-ridden personality with little control of aggression; unrealistic expectations of children and role-reversal; and parent perceptions that a child is different or difficult.

--Immediate precipitating conditions: including child misbehavior; divorce or separation; loss of job; or any unexpected personal crisis.

POOR SCHOOL PERFORMANCE AND JUVENILE CRIME ARE DIRECTLY RELATED

Growing evidence being accumulated by experts in education, medicine, law enforcement, justice, and juvenile corrections, indicates a correlation between children experiencing academic failure and children demonstrating delinquent behavior patterns. A number of factors contribute to this relationship.

1. In American society, school is the only major legitimate activity for children between the ages 6 and 18. If a child fails in school, generally there is little else in which he can be successful.

2. The academically unsuccessful child generally does not experience the rational constraints against committing a delinquent act.

3. Delinquency and misbehavior become ways for the failing child to express his/her frustration at those who disapprove of his/her academic underachievement. This disapproval comes not only from parents and teachers, but also from other children, who are keenly aware of school status based on performance.

POOR SCHOOL PERFORMANCE IS OFTEN RELATED TO UNDIAGNOSED LEARNING DISABILITIES

The Bureau for the Education of the Handicapped, Office of Education, HEW, estimates that 3 percent of the 49 million school age children in the United States have some form of learning disability. Early detection of learning disabilities can often lead to correction or improvement of the problem. However, if learning disabilities are not identified early in a child's life, the child may be pushed along in the regular classroom year after year and fall further and further behind.

In our report entitled "Learning Disabilities: The Link To Delinquency Should Be Determined, But Schools Should Do More Now" (GGD-76-97, Mar. 4, 1977), we reported on our testing of 129 institutional juvenile delinquents in Connecticut and Virginia. The average age of the juveniles tested was 16.3 years in Connecticut and 15.6 years in Virginia. Test results showed that these juveniles were functioning at about the 5th grade level in reading. Of the 129 juvenile delinquents tested, 128 were found to be functioning below their corresponding grade level. Learning disabilities or learning problems were found in 77 percent of the youngsters. 33/

In that report we recommended that the Secretary of HEW develop procedures to better assure that children who have or are likely to have learning problems are adequately diagnosed and treated. HEW concurred with our recommendation.

POVERTY-RIDDEN EARLY CHILDHOOD EXPERIENCES CONTRIBUTE TO POOR SCHOOL PERFORMANCE--RESULTING IN HIGH DROPOUT RATES

There is a pattern linking poverty with poor school performance which sometimes results in a child becoming a school dropout and turning to juvenile delinquency and eventually, adult crime. Research data show that, on the whole, low-income children perform significantly worse in school than middle- and upper-class children.

Poor school performance often results in a child's decision to drop out of school. The National Center for Education Statistics, HEW, estimated in 1975 that 25 percent of U.S. school children dropped out of school before obtaining their high school diplomas. 34/ The next step that can occur is the teenager who dropped out eventually turns to crime.

Although efforts to reduce and control juvenile delinquency have expanded in recent years, youth arrests for all crimes rose 138 percent from 1960 through 1974. In proportion to the national population, juveniles (under 18 years old) are the largest contributors to the Nation's crime problem.

POOR SCHOOL PERFORMANCE CORRELATES WITH ADULT CRIME AND RELIANCE ON THE WELFARE SYSTEM

Data show that if a person performs poorly in school, he/she is more likely to be in prison or be dependent on the welfare system. In a 1976 article, Ed Herschler, Governor of Wyoming and Chairman of the Education Commission of the States' Advisory Committee on Correctional Education, cited the following facts:

--The Federal Bureau of Prisons has estimated that 20 to 50 percent of about 500,000 adults in American Federal and State prisons are illiterate.

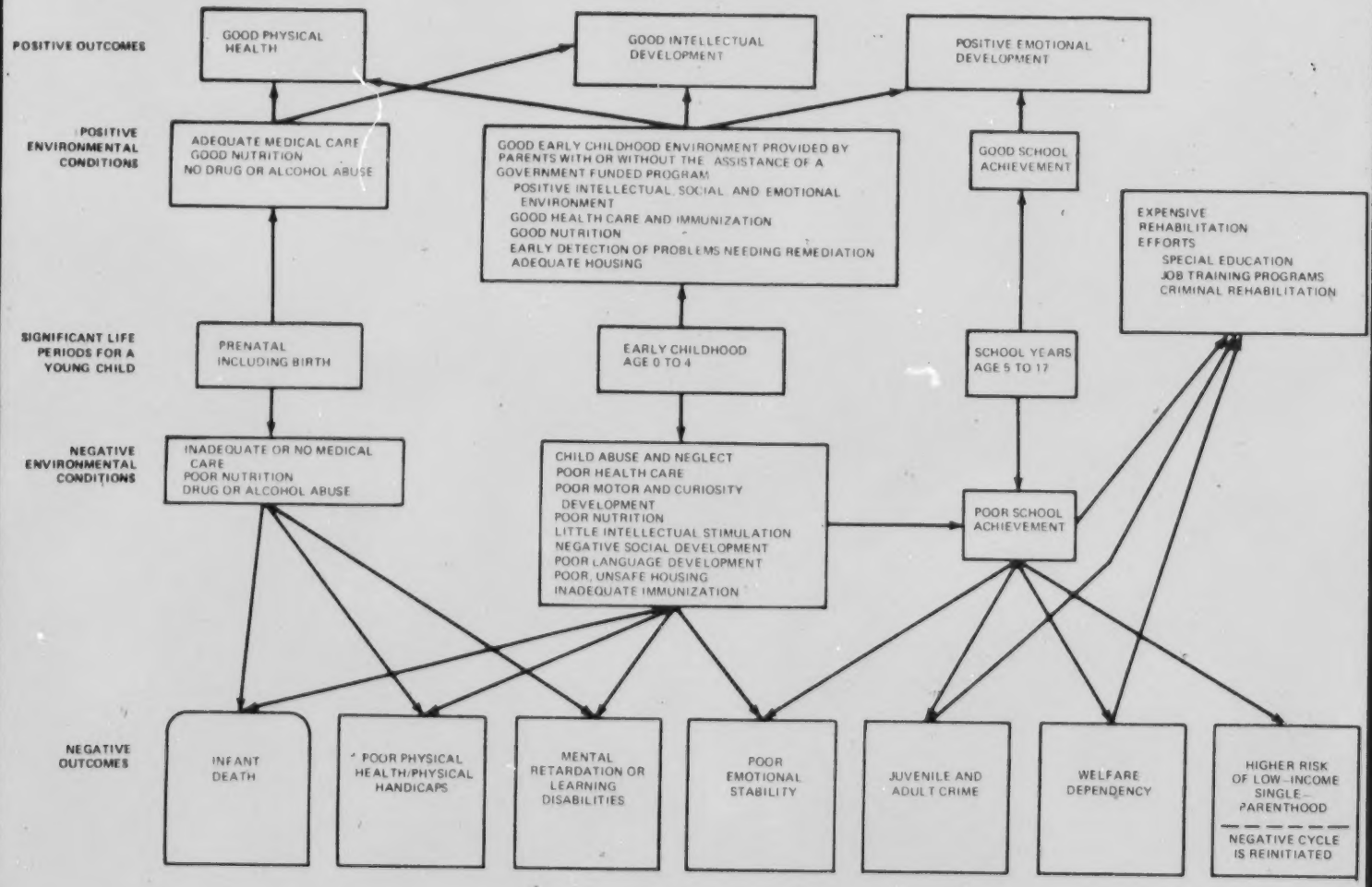
--A 1972 Department of Justice survey of 141,500 adult and juvenile inmates in 3,921 jails showed that 40 percent were high school dropouts.

--The average completed grade level of adult prisoners is 8.5 compared with 12.1 for the general population. 35/

A study was conducted in May 1975 that included obtaining data on the educational levels of about 3,100,000 women and about 340,000 men who were receiving Aid to Families With Dependent Children (AFDC). The study showed that the median completed grade level for an AFDC recipient was between grade 10 and 11 for women and approximately grade 9 for men. 36/ This compares with a completed grade level of 12.1 for the general population.

We believe the quality of the environment experienced by the developing child during the prenatal and early childhood periods of life has important long-term consequences. The following chart graphically summarizes much of the information presented in chapters 2 and 3 of this report, and it shows what we see as the relationship between the quality of environment during early life periods and outcomes that tend to result.

A SUMMARY OF THE EFFECTS OF PRE-NATAL AND EARLY CHILDHOOD ENVIRONMENT ON HUMAN DEVELOPMENT



CHAPTER 4

RESEARCH CLEARLY SHOWS EARLY CHILDHOOD PROGRAMS ARE EFFECTIVE AND PARENTS ARE RECEPTIVE TO SUCH PROGRAMS

ACYF has supported research on early childhood and family development; current emphasis is being placed on studying child development within the context of the family. Much of this research shows that early childhood and family development programs for children from birth to 4 years are effective. Furthermore, indications are that the most effective programs are those where the child participates at a very young age and where parents are closely involved in the program.

Research results show that children who participated in an early development program were placed in remedial special education classes less often during their years in school than control children who did not participate. Similarly, program children were found to be held back in grade less often during their school years and demonstrate superior social, emotional, cognitive, and language development after entering school compared to similar groups of control children. Intelligence tests given to children who participated in early development programs show that they received higher IQ scores compared to control groups of children who did not participate. We believe that much of the significance in these results is due to the high degree of parental involvement.

Parents of children who participated in the programs were asked by the researchers if the program was beneficial to their children and what they did and did not like about the program. The overwhelming majority of parents said the program helped their children in a variety of ways.

ACYF HAS SUPPORTED RESEARCH ON EARLY CHILDHOOD AND FAMILY DEVELOPMENT

Since the early 1970s, increased research emphasis has been devoted to studying child development within the context of the family. According to a fiscal year 1976 statement of priorities for research and demonstration activities in the area of child development and the family, the following reasons were given for viewing the family as the focal point in child development:

--the family environment provides the primary interaction environment;

--the family is the primary and critical social institution for child development;

--research and program experience shows that children can best be served by working with the family; and

--parental involvement seems critical to the effectiveness of programs which serve children.

In fiscal year 1974, ACYF initiated a 6-year research strategy to address family research. This research effort focuses on mother-father-infant relationships, child rearing, and single-parent families; the interaction among the child, the family, the surrounding environment, and other elements; and a child's development over time. This long-range effort is designed to develop an information base necessary for supporting demonstration projects and ultimately for providing policy guidance for program planning at the national level.

Accordingly, in fiscal year 1976 ACYF established a long-range goal on child and family development. According to ACYF, one aspect of this goal is to improve child and family development by:

> "* * * developing national policy on child and family development, including determination of factors which best promote such development, selection of appropriate measures, and evaluation of alternative intervention strategies."

Recognizing the importance of the early years in a child's development, in fiscal year 1977 ACYF issued a research statement of priorities on children under age 3 years. This effort was to provide information needed by parents to improve childrearing practices and to interact with services in order to enhance child and family development.

Part of the research efforts are focused on the development of children over time. During the last several years, ACYF has supported research to address the long-term effects of alternative early developmental programs, however, many questions are unanswered. For example, ACYF believes that further research needs to be directed toward determining

--the role of the family in assuring continuous development of children;

--the effective kinds of developmental programs and the timing, sequence, and lengths of these programs to assure continuous development of children;

--the measures of early childhood development as predictors of child development;

--the research issues regarding families and their children under age 3; and

--the costs-benefits of early developmental programs.

LONG-TERM FOLLOWUP ON CHILDREN WHO PARTICIPATED IN EARLY CHILDHOOD PROGRAMS SHOWS LASTING POSITIVE EFFECTS

In 1977 Dr. Irving Lazar, Cornell University, completed his compilation of data from 14 longitudinal studies of low-income children who participated in experimental infant and preschool programs prior to 1969. 37/

The long-term effects on children served under these developmental programs could be assessed because the children who participated in these programs were 9 to 18 years old in 1977. By combining the findings of these studies, significant results were obtained that otherwise would not have been possible from a smaller sample size. We believe the followup data from these programs represent the latest evidence available on the positive effects that can result from early childhood and family development programs. (See p. 33 for a list of these programs.)

The research findings from the study have been divided into four areas: (1) referral to special education classes, (2) retention in grade, (3) intelligence test scores, and (4) parental evaluations of the developmental programs.

Children who participated in early development programs required special education less often

Children who participated in early childhood and family development programs were placed in remedial special education classes significantly less often after entering school than control children who did not participate in these programs. "Special education" means that once in school the child was: (1) placed in a class for remedial work, (2)

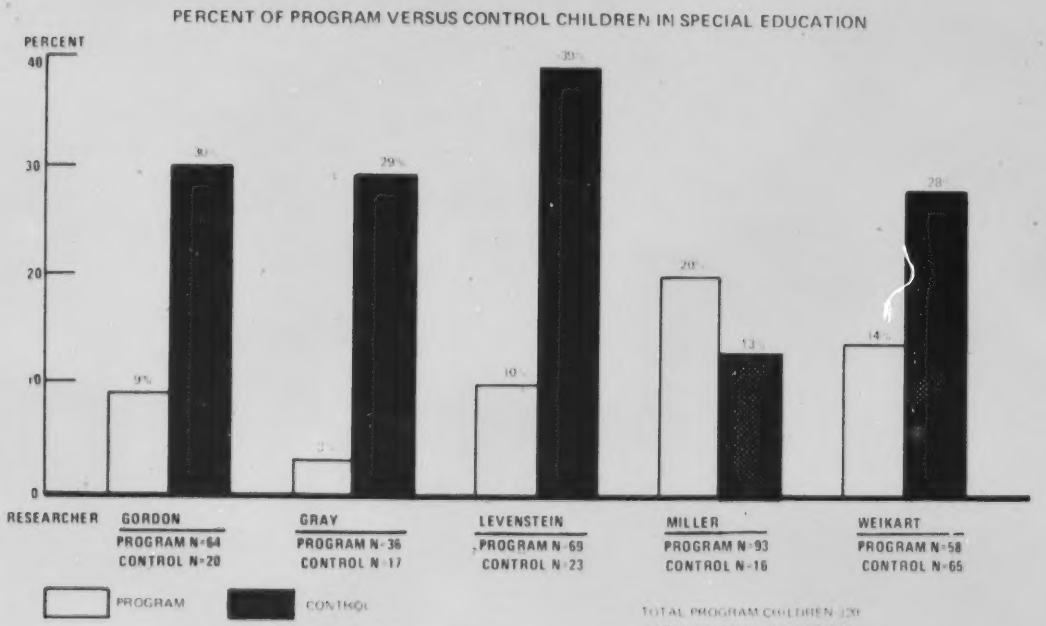
Project Descriptions

Program	Principal investigator	Location	Type of delivery system (note a)	Child's age at beginning of program	Parental involvement
The Philadelphia Project	Dr. Kuno Beller	Phila-delphia, PA	Center-based	3, 4 years	moderate
Institute for Developmental Studies	Drs. Martin & Cynthia Deutsch	Harlem	Center-based	4 years	moderate
The Parent Education Program	Dr. Ira Gordon	Northern Florida	Home-based	3 mos., 1, 2 years	high
The Early Training Project	Dr. Susan Gray	Murfreesboro or Columbia, TN	Home- and center-based combination	3-4 years	high
The Family-Oriented Home Visitor Program	Dr. Susan Gray	Nashville, TN	Home-based	1 year	moderate
Curriculum Comparison Study	Dr. Merle Karnes	Champaign-Urbana, IL	Center-based	4 years	moderate
The Mother-Child Home Program	Dr. Phyllis Levenstein	Long Island, NY	Home-based	2 years	high
Experimental Variation of Head Start Curricula	Dr. Louise Miller	Louisville, KY	Home- and center-based combination	4 years	minimal
Harlem Training Project	Dr. Frank Palmer	Harlem	Center-based	2, 3 years	moderate
Perry Preschool Project	Dr. David Weikart	Ypsilanti, MI	Home- and center-based combination	3, 4 years	high
Curriculum Demonstration Project	Dr. David Weikart	Ypsilanti, MI	Home- and center-based combination	3 years	high
Carnegie Infant Program	Dr. David Weikart	Ypsilanti, MI	Home-based	3 mos.-11 mos.	high
Micro-Social Learning System	Dr. Myron Woolman	Vineland, NJ	Center-based	4 years	moderate
Head Start & Follow Through New Haven Study	Dr. Edward Zigler	New Haven, CT	Center-based	4 years	moderate

a/Center-based programs provide more or less structured nursery school programs for children. Home-based programs direct their educational effort primarily toward the parent, usually the mother, the major instrument of change and influence in the child's life.

placed in a learning disability class, (3) classified as educable mentally retarded or trainable mentally retarded, or (4) classified as emotionally disturbed. We believe the data also indicate that more positive results were achieved when programs for children began at or before age 3 and parental involvement was high.

Researchers representing 5 of the 14 programs located 461 program and control children who were at the time mostly in grades 3 to 7, and recorded whether they had required special education up to that point in their education. We believe the following graph presents strong evidence that preschool education for low-income children reduces the number of children assigned to special education.



As shown on the graph, in four of the five early childhood development programs the number of children assigned to special education classes was reduced by 50 percent or more. Miller's project offered findings inconsistent with the other four. However, the researchers in Lazar's study believe the following significant factors may have influenced the results of that study: Miller's program children participated in the program at age 4, parental involvement was rated as minimal, and Miller's control group of children came from more two-parent families, the families were less dependent on welfare, and the father was more regularly employed.

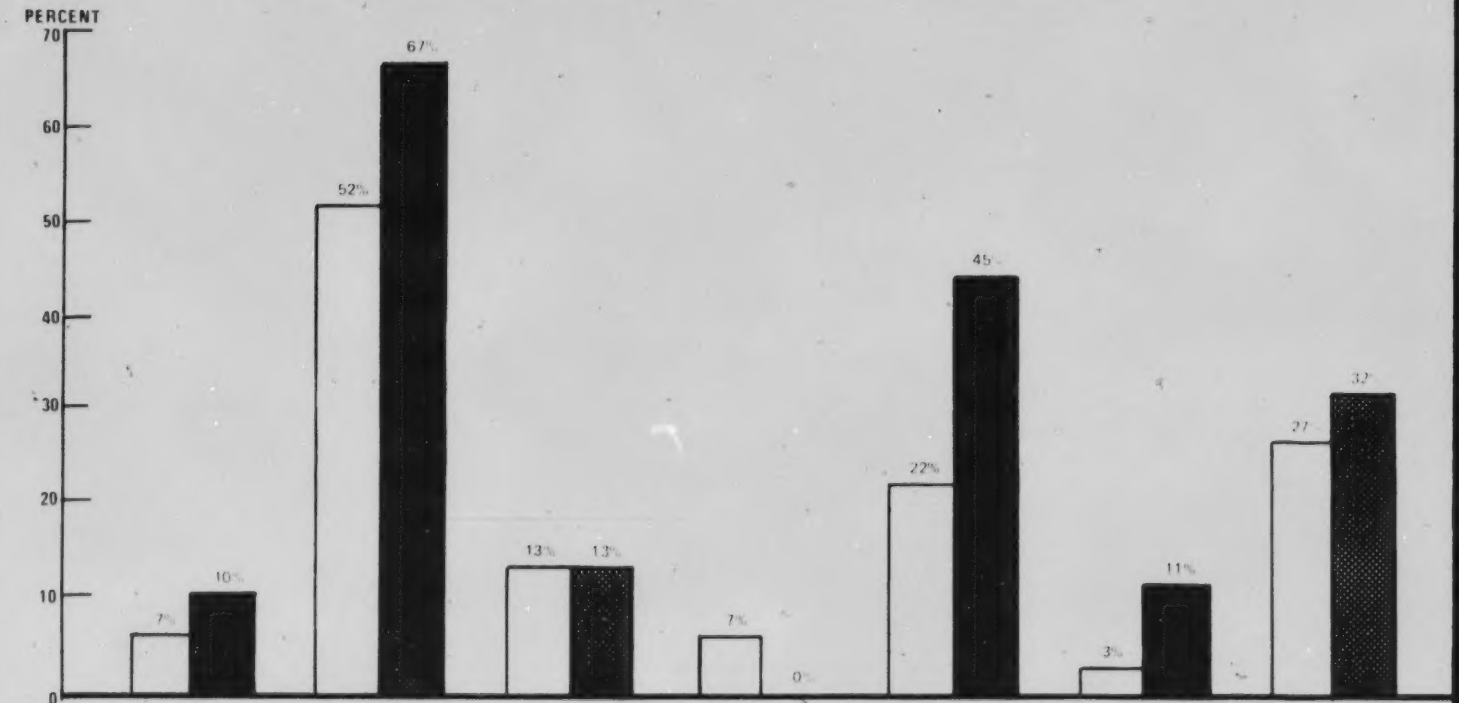
The other four early childhood development programs produced consistently positive results in terms of placement in special education; in every case children were enrolled in the program before reaching age 4 and involvement of their parents in their development was high.

For example, Gray's early childhood program enrolled children between ages 3 and 4, and parental involvement in the program was high. The program consisted of intensive center-based educational efforts during the summer for 2 or 3 years and weekly to biweekly home visits during the balance of the year. The home visits were to assist parents in being effective teachers of their children. Gray obtained school performance information on 36 program children and 17 control children in the 12th grade and found that the control children were placed in special education classes nearly 10 times as often as program children.

Children participating in early development programs were held back in grade less often

Researchers from 7 of the 14 programs located 790 children, who were mostly in grades 3 to 7, and recorded whether they had been held back in grade up to that point in their education. The following graph presents what Lazar views as moderate evidence that early education can have an effect on whether or not children are held back in grade.

PERCENT OF PROGRAM VERSUS CONTROL CHILDREN HELD BACK IN GRADE



TOTAL PROGRAM CHILDREN 544
TOTAL CONTROL CHILDREN 246

TOTAL NUMBER OF CHILDREN EXAMINED 790

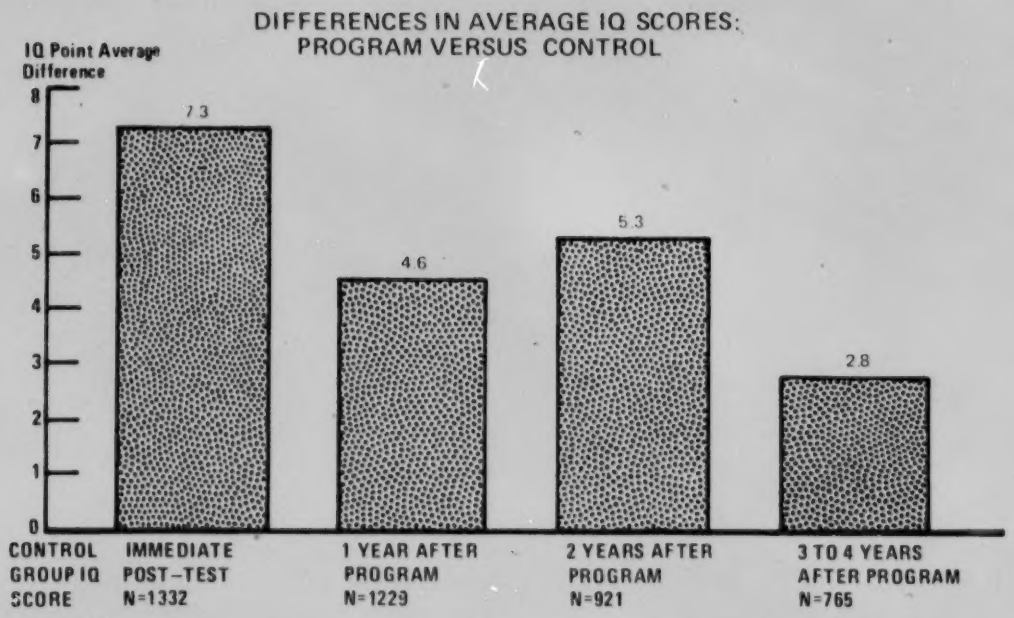
SOURCE: LAZAR, IRVING, "THE PERSISTENCE OF PRESCHOOL EFFECTS," EDUCATION COMMISSION OF THE STATES, SEPTEMBER 1977

The graph shows that, for two child development programs the number of children held back in grade was reduced by at least 50 percent. The Perry Preschool Project directed by Weikart was one of these projects. Weikart's program provided academically high-risk children with a cognitively oriented preschool program before the children entered kindergarten. Program children attended the preschool for 2 years, 2-1/2 hours a day, 5 days a week. The program also included weekly home visits. Control children received no intervention but were tested annually. Findings revealed that, by the end of the fourth grade, significantly more children who had attended the preschool were at their normal grade level compared to control children, and through the eighth grade, program children academically outperformed control children.

Children who participated in early development programs scored consistently higher on intelligence tests

Children who participated in early childhood and family development programs during their preschool years scored consistently higher on IQ tests than control groups of children who did not participate. Testing of children was done over a period ranging from immediately after completion of the program to 4 years later.

The following graph shows the average IQ point differences between children who participated in developmental programs and children who did not participate. Each bar represents all of the children from the 14 programs who received the Stanford Binet IQ test during that specific post test. The average scores for the control groups of children are represented by the horizontal line at the zero mark under the bars.



SOURCE: PREPARED BY THE STAFF OF THE CONSORTIUM ON DEVELOPMENTAL CONTINUITY, CORNELL UNIVERSITY, ITHACA, N.Y.

The reason for the varying numbers of children tested during each post test on the preceding graph was that not all researchers tested children at all ages. Reasons children were not tested include the lack of funds needed to test, the use of IQ tests other than the Stanford Binet, and the use of experimental designs not requiring yearly followup testing.

The graph shows that, up to 3 to 4 years after the programs ended, program children still tested higher than control children. Even though IQ differences between program and control children diminished after 3 to 4 years, the school performance data presented earlier is a clear indication of lasting positive effects resulting from early childhood programs.

Parents expressed positive feelings about the programs

Parents of children participating in early childhood development programs were interviewed by researchers during the followup study, and they consistently expressed positive views about the programs. They considered the programs to be of value to their children in a variety of developmental ways and stated that there was little they did not like about the programs. A total of 684 parents from the 14 programs were interviewed.

Did parents feel the programs were beneficial to their children?

In response to the question, "Was the program a good thing for your child?" most parents answered "yes" rather than "no" or "don't know." All of the parents whose children had been in home-based programs answered "yes," as did 93.4 percent of the parents of children from center-based programs and 87.8 percent of the parents of children who had been in the combination home-based/center-based programs.

What did parents like best about the programs?

The distribution of responses to the question: "What did you like best about the program?" reveals a variety of responses. The best-liked category related to the cognitive aspects of the programs, that is, the educational and academic benefits. Field trips, learning specific academic skills, and learning with toys are examples of cognitive program aspects. The next best-liked category was program characteristics which included such things as staff, equipment, teacher/child ratio, and teaching methods.

Those parents of children in center-based programs who liked parental aspects of the program usually mentioned that they like the break they received in being away from their children during the day. However, this category was not chosen nearly as often as the cognitive, program, and social benefits to their children. This seems to indicate that it is not the benefits of parents' relief from child care which is most important but rather the direct benefits to their children.

What did parents dislike about the program?

Parents were also asked what they did not like about the programs. About 85 percent of the parents interviewed could not think of anything they did not like. The most frequently disliked items in all three programs were program characteristics. Statements such as "the teachers didn't want parental involvement," "the program didn't last long enough," and "the program didn't include enough children" were typical comments. In referring to parental aspects, some parents said they would have liked to become more involved and that having the home visitor come to the home was inconvenient. However, these percentages are low and it appears that home visits were not considered intrusions on the family.

CHAPTER 5

CHILD AND FAMILY DEVELOPMENT PROGRAMS ARE SERVING ONLY A SMALL PERCENTAGE OF THOSE NEEDING SERVICES

Of about 3.7 million children under the age of 6 identified as "high risk" in terms of their opportunities for development, only a small percentage are enrolled in comprehensive programs designed to enhance their total development. The only major Federal program providing comprehensive child development services to "high risk" families is the Head Start program, which served about 402,000 children in fiscal year 1978.

State and local programs providing comprehensive early childhood and family development services are limited. Minnesota has a pilot program in early childhoood and family education, but no State is sponsoring a statewide comprehensive program for the development of children from birth through age 4 years. Many States have task forces or planning efforts concerned with child and family development.

FEDERAL EFFORTS IN CHILD DEVELOPMENT ARE GROWING, BUT A LARGE UNMET NEED REMAINS

Project Head Start, and its associated research and demonstration efforts, is the largest Federal child development program in operation. This program received a budget allocation of $475 million in fiscal year 1977. In that year Head Start served 349,000 children--which was estimated to be about 15 percent of the eligible population.

In fiscal year 1978, $625 million was available for Head Start--an increase of about $150 million from fiscal year 1977. The increase was used to expand enrollment to about 402,000 children, thereby reaching approximately 23 percent of the eligible population. In fiscal year 1979 Head Start was allocated $680 million.

Head Start has produced some good results

The Social Research Group at George Washington University, Washington, D.C., prepared a report for ACYF in December 1976 which reviewed Head Start research since 1969. The

group presented the following statements summarizing the research findings. 38/

What effect does Head Start have on a child's cognitive development?

--Most studies showed improvement in performance on standardized tests of intelligence or general ability.

--Head Start participants performed equal to or better than their peers when they began regular school, and there were fewer grade retentions and special class placements.

--Children participating in full-year Head Start programs showed significant gains in cognitive development, whereas children participating in short-term summer programs did not achieve significant gains.

What effect does Head Start have on the social development of children?

--Head Start participants have not shown positive gains in self-concept, except in conjunction with a high degree of parent participation.

--Head Start contributes positively to the development of socially mature behavior.

--Head Start facilitates child socialization.

What effect does Head Start have on the families of participating children?

--Head Start parents have improved their parenting abilities and approach to parenthood, and they show satisfaction with the educational gains of their children.

--Parental behavior has changed as a result of Head Start. Some studies report increased positive interactions between mothers and their children, as well as an increase in parent participation in later school programs.

What effect does Head Start have on the community?

--Communities with a Head Start program experienced institutional changes as a result of the program.

--Parents of Head Start children increased their involvement in the community during the period their children were in Head Start, and that involvement was likely to continue after their children entered regular school.

What effect does Head Start have on child health?

--Children who participated in Head Start had lower absenteeism, fewer cases of anemia, more immunizations, better nutritional practices, and better health in general.

This research evidence shows that Head Start has been an effective program; however, many early childhood development proponents believe that programs need to begin at an earlier age than 3 or 4 years, which is when Head Start usually enrolls a child. Research in child development indicates that important developmental patterns are identifiable in children as early as age 2 years, and by 3 years of age these patterns (which are too frequently negative with low-income children) are quite deeply ingrained.

In response to data on successful early childhood development programs and the strong views held by some on the importance of the first 4 years of life in a child's development, the Head Start research, demonstration, and pilot efforts have funded some relatively small-scale early childhood and family development programs designed to reach low-income disadvantaged children and their families:

--PCC.

--The Child and Family Resource Program.

--Parent-Child Development Centers (PCDCs).

--Home Start.

These programs recognized that parents are the first and most important educators of their children and, therefore, worked closely with the parents and provided services to the children. These programs emphasized the importance of the

early years in a child's development and the family's role in providing an environment for a young child conducive to child growth and development. In addition to education efforts, the programs stressed the importance of good health care and nutrition and acquainted families with a variety of community resources they could use to meet family needs.

PCC--a description

Based on recommendations from the 1966 HEW Task Force on Early Childhood Development and the 1966 White House Task Force on Early Childhood, 36 PCCs were established between 1968 and 1970. Each PCC was designed to serve a maximum of 100 children under 3 years of age and their families. Comprehensive services in health, education, social services, and parental involvement were to be provided to economically disadvantaged children and their families.

As of February 1978, 33 PCC grantees were being funded by HEW and were serving about 4,000 children. Three PCCs had been converted to Parent and Child Development Centers, and they were funded primarily for research purposes. No comprehensive evaluations have been made of the PCCs that continue in operation.

PCC was designed as a prenatal-to-3-years-old program and, therefore, was not structured to integrate PCC with Head Start. However, we were told by an ACYF official that, as of 1977, about 14 of the 33 PCCs were combined with Head Start.

We visited PCCs located in La Junta, Colorado; Omaha, Nebraska; and Washington, D.C. The La Junta program served children from prenatal through 5 years old and the Omaha program served children from prenatal through 3 years; both programs' coordination with community resources was limited. The Washington, D.C., PCC provided comprehensive educational, health, nutritional, and social services to children and families making extensive use of outside community resources, and served children from prenatal through 5 years old. The program mainly serves families living below the poverty income level and also serves a large number of single-parent families. As defined by the Advisory Committee on Child Development, this program is aimed at reaching "high risk" children. (See p. 19.) (See app. II for a description of this early childhood and family development program operating in a section

of a large urban area.) ACYF officials acknowledged that there is a great deal of variation in PCCs' operation, and they attribute this largely to (1) each program is uniquely designed to meet the needs of a specific community and (2) management of the PCC program was decentralized to regional offices in 1975.

The Child and Family Resource Program--a description

CFRP, which began in 1973, represents an attempt to incorporate the positive program aspects of Head Start, PCC, Home Start, and other child development programs into a single program. This program, funded by ACYF, is designed to focus on the entire family, reaching families and children at an earlier period than Head Start, and providing continuous services to meet the needs of low-income families and children from the prenatal period to 8 years. CFRP is also designed to conduct a needs assessment of families' strengths and weaknesses, and provides or arranges for services to meet the specific needs of families and their children.

CFRP is testing various approaches to enhance child development and strengthen low-income families. CFRP is operating at 11 locations across the country. Each program receives about $130,000 a year in addition to the Head Start budget at each location, and each CFRP is required to serve at least 80 families. ACYF has no immediate plans to increase the number of CFRP centers, and CFRP is to continue as a demonstration until 1984. From its experience with CFRP to date, ACYF is confident of the basic feasibility of the program design and has an adequate knowledge base on ways to provide services to young children and families.

An ongoing evaluation contract funded by ACYF provides for an implementation study and an impact study of CFRP. It focuses on what effects various components or variables have on particular outcomes for children and families. Because the design consists of a longitudinal study, the evaluation is not scheduled for completion until 1985. According to ACYF, this ongoing effort provides essential data to improve program services. Detailed information on CFRP is presented in chapter 6 of this report. Our work included a study of CFRP implementation at 4 of the 11 programs.

PCDCs have produced positive results

In 1970, three PCCs were selected as research sites, and these three were thereafter called Parent-Child Development

Centers. PCDCs aim to be preventive by working with low-income mothers and infants during the critical first 3 years of life. Services provided to families by the PCDCs include: (1) information and guidance on child development and care; (2) maternal/child health and nutrition educational sessions and services; (3) information and guidance in using community resources; (4) social services; and (5) activities, classes, and special lectures on a wide variety of topics of interest and concern to parents.

The three PCDCs recently published research reports on 5 years of operations which showed very positive results. Research findings demonstrate that the programs showed positive gains for mothers and their children in the following areas:

--Maternal attitudes.

--Mother-child interactions.

--Social-emotional development for mothers and children.

--Cognitive and language development in children.

The three PCDCs operated in the following cities: Birmingham, Alabama; Houston, Texas; and New Orleans, Louisiana. The Birmingham PCDC is a center-based program serving mothers and young children from 3 to 36 months of age. Depending on the age of the child, participation ranges from 3 half days to 5 full days each week. Much of the teaching of mothers is done by other mothers who have been exposed to the program for an extended period.

The Houston PCDC is a combination home-based and center-based program designed to meet the needs of low-income Mexican-American families. Families enroll in a 2-year program which begins when their child is 12 months old. The first year consists of weekly home visits and a series of four family workshops. The second year is a center-based program where mothers and children attend four mornings a week and the entire family attends twice-a-month evening sessions.

The New Orleans PCDC is a center-based program serving mothers and their children from birth to 36 months old. The program is to serve the needs of the residents of the inner city area of New Orleans. Mothers and children attend the center two mornings a week.

As a continuation of the PCDC research effort, the three PCDC models are being replicated in three new locations to test the feasibility of widespread implementation. The replications began in 1976; preliminary information on the effectiveness of the effort will not be available until October 1979.

The Home Start program--a description

From March 1972 until June 1975, ACYF conducted the National Home Start Demonstration Program to demonstrate alternative ways of providing Head Start-type comprehensive services for young children in their homes. Sixteen Home Start projects were funded; each project received approximately $100,000 per year to serve 80 families.

Home Start was to build on existing family strengths. Program efforts were focused primarily on parents, rather than on children as is done in the typical center-based Head Start program. Home Start was concerned with the well being of the total family. In addition to educational concerns, the program stressed the importance of good health care and nutrition, and it acquainted families with a variety of community resources the family could utilize to help meet family needs. This total family focus was crucial, with program services expected to benefit not only parents and preschool children, but older and younger siblings and the unborn as well.

The home visit was the principal mechanism for providing services to families. Typically, these took place an average of twice a month and lasted roughly 1-1/2 hours with each family. Most projects supplemented home visits with monthly group activities for parents and children, as well as other services to meet the family's health, nutritional, and psychological/social needs.

An evaluation of Home Start showed that it was an effective program for parents and children. As of 1972, local Head Start programs could include the Home Start component in their program design. To help these Head Start grantees with adapting and implementing Home Start, six programs (including 5 of the original 16 Home Start demonstration centers) have provided technical assistance and training since July 1975.

During program year 1976 to 1977, there were 325 Head Start programs in the country operating some kind of a home-based effort; 17,198 children participated in the home-based

elements of these programs. An ACYF official estimated that, at the end of 1977, there were about 400 home-based programs serving about 20,000 children.

The Appalachian Regional Commission supports a variety of child development efforts

The Appalachian Regional Commission (ARC) provided $12.9 million in fiscal year 1977 to about 200 child development programs. These programs received Federal, State, and local funding of about $30.8 million in fiscal year 1977. The Commission has emphasized interagency planning to meet local needs, and the result is over 20 different kinds of programs for children and their families. Some programs are comprehensive in nature, whereas many are auxiliary services provided as component parts of other existing programs. ARC projects are usually designed to fill gaps in local service delivery systems and to complement existing programs.

Comprehensive programs include services for children from birth to 5 years in health (screening, followup, and referral), dental, nutrition, parent education, mental health, and preschool education. Programs are center based, home based, or a combination. Sixty-five percent of ARC child development funds are devoted to comprehensive programs.

Other programs have been established to meet local needs. Their focus includes the following areas:

--Communicative disorders, vision problems, and learning disabilities.

--Mental/child health projects including prenatal and postnatal care.

--Family planning.

--Parenting education for teenage parents.

--Nutrition.

--Handicapped child development.

--Supervised family day care.

Other Federal programs for children

Many Federal programs provide services to children of all ages, particularly programs within HEW. Based on the latest available information, during fiscal year 1975 support for children's services within HEW reached about $6.7 billion. Of this amount, $2.6 billion (39 percent) was administered by the Social and Rehabilitation Service, primarily through the Medicaid and social services programs. 39/ The Public Health Service and the Office of Human Development Services together spent about $1 billion (15 percent) of the $6.7 billion for services to children (including Head Start).

Federal day care expenditures amounted to $675 million in fiscal year 1977, mostly funded under title XX of the Social Security Act. Day care is defined as the care any child receives from someone other than his or her own parents or guardians during part of any day. The term day care applies to a wide variety of services. The duration of care may range from a few hours a week to 12 hours or more a day, 5 or 6 days a week. Some day care programs are regulated by government agencies, but many are not. Some programs aim at keeping the child safe from harm, while others seek to stimulate the physical, emotional, and intellectual development of the child.

There are three general categories of day care:

Category	Explanation	Estimated number of children served in fiscal year 1978 (notes a and b) (millions)
In-home care	Care in which the caregiver comes to the child's home	19
Family day care	Care provided in the care giver's home	18
Center-based care	Care provided for children in a designated group facility	3.5

a/Numbers include children in federally and non-federally funded day care programs.

b/Most substantial users of day care have incomes near or above the median family income level. The primary reason for this is a high probability that all adults in the family are employed.

Most Federal programs are geared to one aspect of a child's development, or a certain type of child, i.e., the handicapped. Among the services these programs provide are health, education, social, child care, child welfare, adoption, foster care, and protective services. Nutrition services are provided through programs from the Department of Agriculture.

One survey of Federal programs in 1972 showed 280 programs administered by 20 different Federal agencies that were specifically designed to help families and children. All but 25 of these programs provided services as their major function. 40/

STATES ARE INTERESTED IN EARLY CHILDHOOD AND FAMILY DEVELOPMENT, BUT FEW PROGRAMS HAVE BEEN STARTED

No State has a comprehensive program in early childhood development which emphasizes the prenatal-to-4-years period, according to officials of the Early Childhood Project at the Education Commission of the States, in Denver, Colorado. However, there are a large number of small-child development projects around the country sponsored by State innovative funds, colleges and universities, social agencies, and private organizations. A complete inventory of these projects has not been made.

Offices for children have been established in 21 States, and 11 other States are seriously planning to establish offices according to the Education Commission of the States. These offices act as focal points for the State planning of children's programs as well as serving as advocates for improved children's programs. A number of States have conducted needs and feasibility studies in the area of early childhood development.

Minnesota has a significant effort in early childhood and family development

Since 1974, the Minnesota Council on Quality Education has operated a demonstration program in early childhood and family education in several locations in the State. The stated principles for this program are:

1. Learning is a process that begins at or before birth, and the first 3 years after birth are critical to total development.

2. Early learning in the home is crucial.

3. Parents are important teachers.

4. Investment in early childhood and family education is a good economic and social policy.

The Minnesota Legislature has allocated an annual budget of $777,000 for each of the 1977-78 and 1978-79 school years for the operation of a minimum of 22 programs. Each program operates out of an elementary school serving that elementary attendance area. The elementary principal provides overall leadership to the program. All children from birth to 5 years of age and their families are eligible to participate on a voluntary basis; fees may be charged to parents who are able to pay.

The types of services to be provided are selected by the local community, and may include

--parent/family education: center based;

--parent/family education: home based;

--center-based services for children;

--health screening and referral;

--library loans of learning materials; and

--adolescent participation/preparenting education.

The program started in 1974 with six centers. One evaluation of the program made by the State showed that more early and periodic screening was done in the six elementary attendance areas with early childhood and family education programs than was accomplished throughout the remaining 1,300 elementary attendance areas in the State. A second finding was that over 90 percent of the parents showed a positive attitude toward the programs.

As part of their evaluation, the team of researchers talked with kindergarten teachers who were teaching "graduates" of the early childhood and family education program. The comments of one kindergarten teacher are especially noteworthy:

"I've been a public school teacher for twenty-five years. I've been involved in a lot of special programs. I've seen them come and go. This is the

best new program I've seen in twenty-five years of teaching.

"I can see differences in the children who are in this program. The mothers walk by my class with their children when they come for the program. It's fantastic. They're getting used to school. They're learning. I get these kids in my class and I can see the effects. They've needed this for a long time. They've got to keep this program." 41/

According to the data provided by the Minnesota Council on Quality Education, the annual cost of this program has been about $134 per participant, counting all participating parents and children.

CHAPTER 6

HEW-SPONSORED DEMONSTRATION PROGRAMS IN EARLY CHILDHOOD AND FAMILY DEVELOPMENT ARE BENEFITTING ENROLLED FAMILIES

We reviewed the operations of 4 of the 11 CFRPs, and found that the programs are benefitting young children and their families in many ways. We believe that the CFRPs, as designed, contain the components necessary for a successful early childhood and family development program.

CFRP--A DESCRIPTION

CFRP is a child-centered family service program designed to provide support services to low-income families and their children from the prenatal period through age 8 years. Each CFRP was designed to serve at least 80 families. Sixty percent of the families involved in the 11 CFRPs were single-parent families, and 89 percent of all families enrolled had income below the poverty level--these characteristics relate to the 3.7 million children defined as "high risk" on page 19 of this report. Of the four programs we visited, the number of single parents enrolled ranged from 36 to 80 percent. Also, 61 to 94 percent of the families had incomes below the poverty level. (See app. III for the characteristics of families enrolled in CFRP.)

Services are provided to families under four major components: Family Social Services, Early Childhood Education, Parental Involvement, and Health Screening and Services. The following chart shows the types of services being provided to families by the CFRPs we visited.

List Of CFRP Services To Families

Family services	Early childhood edication services	Parent involvement services	Health and nutrition services
--Crisis intervention	--Infant-Toddler (ages 0-3) Home-based Center-based Combination	--Parent policy council	--Prenatal counseling and services
--Referrals to community agencies	--Head Start (ages 3-5)	--Parent participation in the early childhood education component	--Postnatal counseling and services
--Direct family counseling and assistance	--School Linkage (ages 5-8)	--Parent education in a wide variety of subjects	--Early and periodic screening, referral, and follow-up for all health needs of young children
	--Tutoring	--Social activities designed to promote family togetherness	--Meals for children

Each CFRP visited was organized in a unique way to best meet the needs of enrolled families. One CFRP gained the help of Head Start teachers in providing early childhood development services to CFRP families. In other programs, the home visitors or family advocates provided home-based and/or center-based early childhood development services. Every CFRP visited had a staff of at least four persons who were called either home visitors or family advocates. The home visitor is the backbone of CFRP and is the key link between the program and families.

The CFRP process begins with enrollment of the family, followed by an assessment of the needs, goals, and strengths of the family unit. Family needs assessments are viewed by CFRP staff as very important because one of the program's objectives is to tailor services to meet the child development-related needs that are unique in each family situation. CFRP staff and families periodically meet and reassess family needs and goals. The CFRP has increased its emphasis on family goal setting to promote long-term planning and growth in families.

CFRP coordinates and provides comprehensive family services

CFRP provides family services, including crisis intervention, referrals to other community organizations, and family counseling and assistance. The CFRP design recognizes that the development of children in families could be strengthened if appropriate services were provided to family members. Unresolved problems within the family (such as alcoholism, emotional problems, severe marital discord, and unemployment) can virtually wipe out the benefits of educational efforts being made for the child.

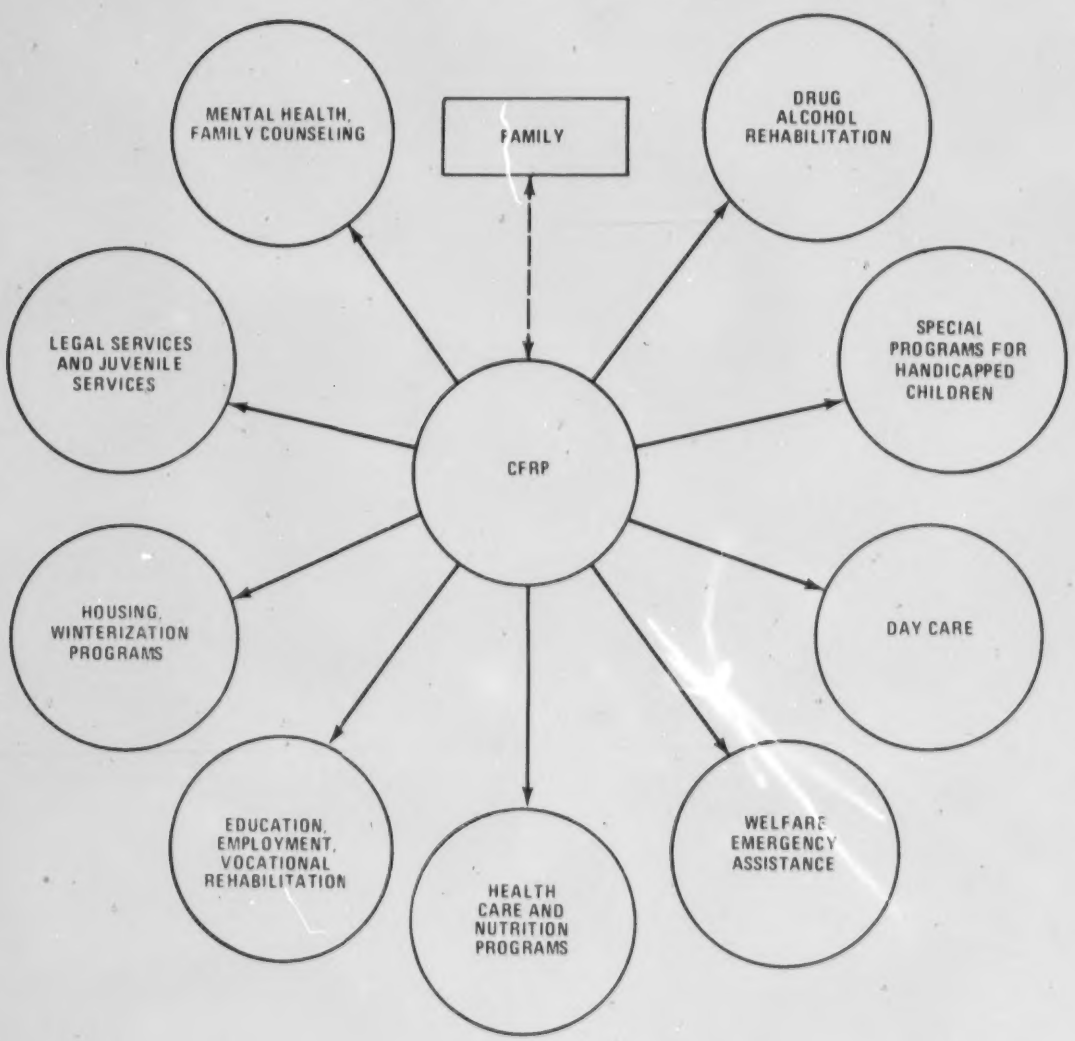
The CFRP home visitors (called family advocates at some CFRPs) we talked with had developed a very close and trusting relationship with most families they were assigned. As a result of the intimate awareness of a family's situation, the home visitor was often able to either counsel family members or refer persons to another community resource for assistance before a problem became serious. We were informed by the CFRP staff that, when a crisis did occur in a CFRP family, the family usually sought help from the home visitor. CFRP staff emphasized to us that the trust relationship they developed with the family is essential before change within a family could occur.

The CFRP design recognizes that all communities have a wide array of publicly and privately funded organizations that provide valuable services to low-income families. Therefore, CFRP services are designed to supplement rather than duplicate existing community resources. A problem that many families have is that they are either unaware of or unable to obtain access to existing community services. CFRP serves as a focal point for families who need assistance in effectively obtaining services and benefits for which they are eligible.

CFRP links families with a wide variety of community services. The following diagram shows CFRP acting as a link between families and commonly used community agencies.

A number of families were not receiving needed services from other community agencies until they began receiving assistance from CFRP. The examples on page 57 are typical of referrals to community resources that we found during our review of CFRP family case files.

CFRP SERVES AS A LINK BETWEEN
FAMILIES AND SUPPORTING COMMUNITY AGENCIES



Example 1

At the time of enrollment in CFRP, this family lived in a small, ill-furnished three-room house. Their house was later condemned, and they moved into a mobile home with no running water and no insulation. CFRP referred the family to the county housing authority, where a low-income apartment was provided to the family. CFRP also provided to the family furniture which was donated by the community.

Example 2

At the time of enrollment in CFRP, the children in this family had severe health problems. All of the children were anemic, had not received all of their immunizations, and had serious dental problems. CFRP referred the children to a publicly funded dental clinic which provided corrective treatment. The family was then referred to a nutrition agency and the Food Stamp office, where they received food, vitamins, and counseling on nutrition and the importance of a proper diet. The children also received needed immunizations from CFRP.

Example 3

A single-parent mother enrolled her family in CFRP and expressed an interest in obtaining job training. She was referred by CFRP to the Comprehensive Employment and Training Act (CETA) program where she received assistance in finding a job. Her children were enrolled in Head Start, which enabled her to work full time.

Early childhood education is provided from birth through age 3 years

CFRP provides educational services for children from infancy through the early elementary school years. Infant programs are conducted at the centers, in the families' homes, or a combination of both. Entry into the Head Start program usually occurs between ages 3 and 5 for all CFRP children. A school linkage program aids children through an easier transition from Head Start to an elementary school environment.

Early education starts with the infant

All the CFRPs visited followed general education objectives set forth by ACYF to help parents realize they are the

first and most important educators of their children. Each CFRP chooses its approach for the infant-toddler program. It can be center based, home based, or a combination of both.

For example, the Bismarck CFRP has opted for the home- and center-based method in its early childhood education program. In its home-based program, the home visitor brings toys, games, and books into the home and shows the parent how to work with the child on appropriate developmental tasks. This is also a time when prenatal or nutritional concerns can be discussed.

In addition to the home-based educational program, parents and young children attend a weekly center-based program. This program includes shared activities between the parent and child, such as with story telling and puppets. Center-based programs also include time for parent group meetings, which may include a discussion of mutual problems and workshops on child development and nutrition. During this time, infants get individual attention from staff plus an opportunity for peer interactions.

The CFRP in Gering, Nebraska, used the unique approach of a toymobile to augment its infant-toddler program. Every week during the summer a van was driven to the homes of CFRP families, lending toys and books.

CFRP children attend Head Start at age 3 or 4

Head Start is an integral part of CFRP. Each CFRP uses the Head Start program as a base for providing services. Head Start provides services to children and families in the following areas:

--Education.

--Health and nutrition.

--Parent involvement.

--Social services.

CFRP children enter Head Start at age 3 or 4 and usually participate in the program until they enter school at age 5 or 6. Some children who were developing slowly were held in Head Start an extra year. At the Bismarck CFRP, children were in Head Start for 2 school years because there is no publicly funded kindergarten in the city.

A CFRP HOME VISITOR CONDUCTING A HOME-BASED EDUCATIONAL SESSION WITH A MOTHER AND HER YOUNG CHILDREN (JACKSON, MICHIGAN, CFRP).

School-linkage program--an easy transition

The goals of the school-linkage program are to (1) ensure a smooth transition for CFRP children leaving Head Start and entering elementary school, (2) strengthen lines of communication between parents and school staff, (3) encourage public schools to recognize the preschool and home experience as a viable educational base, and (4) further the concept of parents as an important source of support in the education of their children. What CFRP hopes to accomplish with its school-linkage program is

--parental involvement with the teacher,

--an increased sense of belonging within school system,

--increased parental involvement in the child's academic development,

HEAD START CENTER–BASED ACTIVITY. ALL CHILDREN IN CFRP FAMILIES SPEND AT LEAST ONE SCHOOL YEAR IN HEAD START (GERING, NEBRASKA, CFRP).

CFRP CENTER–BASED EDUCATION EFFORTS ARE OFTEN DESIGNED TO DEVELOP COGNITIVE SKILLS IN YOUNG CHILDREN (GERING, NEBRASKA, CFRP).

COURTESY OF SCOTTS BLUFF STAR HERALD

--better attendance by children, and

--increased academic skills.

To meet these goals, the CFRPs visited implemented strategies unique to their community. For example, in Bismarck the school-linkage coordinator sent a questionnaire to the first grade teachers who had CFRP children in their class. The questionnaire was designed to assess the child's adjustment to school, academic development (need for tutoring, etc.), and the status of the home environment. The school-linkage coordinator uses this information to serve as a liaison between the former Head Start and present first grade teachers in resolving the child's problems.

At the Gering CFRP the primary efforts in school linkage have been:

--Hosting meetings for school personnel, Head Start teachers, and CFRP families. In these meetings, they explain how CFRP could work with schools in the interest of the child's development.

--Coordinating information sharing between schools and families. For example, a school presented a slide show on a new reading series and CFRP staff presented a session on the CFRP. About 300 parents attended.

Through their school-linkage efforts, the Gering CFRP has achieved the following successes:

--Parents are becoming increasingly involved in their children's elementary school activities.

--The attendance at parent-teacher conferences has increased.

We interviewed elementary school principals and teachers to get their views on CFRP school-linkage efforts. All of them had positive comments about the program. Some principals stated that CFRP has helped break down families' hesitancy to interact with the school staff.

Parents fulfill an important role in CFRP

The CFRPs visited involved parents in child development activities, program planning and policymaking, and educational and social activities. Parent involvement activities

were designed to enhance the parent's role as the principal influence in their child's education and development.

CFRP parents were encouraged to participate in home- and center-based educational programs for their children. During the past year, the Las Vegas CFRP has provided biweekly home-based and biweekly center-based programs.

All of the CFRPs visited had parent policy councils, which had a major influence in program planning and policy setting. CFRP staff place high importance on the parent policy council, since parents are viewed by the program as having central influence on their children's development.

All CFRPs visited offered parent classes. Class topics included parenting, early childhood education, the use of community resources, sewing, cooking, nutrition, and exercising. These classes were supplemented by workshops for CFRP parents given by representatives of community agencies. For example, the Women, Infants, and Children nutrition program in St. Petersburg presented a 6-month course on nutrition education to about 45 CFRP families.

In Gering, CFRP parents were instructed on better ways to educate and develop their children. The Infant-Toddler Specialist had compiled lists for parents on infant behaviors and actions which are basic to a child's development during the first 3 years of life.

The CFRP in Las Vegas arranged for a local children's clinic to conduct classes for CFRP parents on the subjects of prenatal care, parent effectiveness training, and behavior modification. Other training sessions were arranged from local community agencies which included Planned Parenthood, the Nevada State Welfare Department, and the Job Corps.

All CFRPs visited encouraged parents to reinitiate or continue their formal education. As a result of these efforts, large numbers of CFRP parents either participated in high school equivalency programs or were enrolled in local community colleges.

Substantial efforts have been made by CFRPs to prevent child abuse and neglect through parent education. For example, the Las Vegas CFRP had representatives of child abuse and neglect organizations conduct classes for parents and staff on the prevention, identification, and treatment of child abuse and neglect. Home visitors also had discussions

with mothers on the negative effects of physical and emotional child abuse. In some cases parents were referred to Parents Anonymous, a group of parents who are former child abusers, working to prevent further child abuse.

The CFRPs visited also scheduled social activities for the entire family. These included special parties or dinners on major holidays, family picnics, and family outings to popular attractions.

Health and nutritional services provided to children and their families

The Health Component is to prevent and educate in all areas of health, including medical, dental, nutritional, and mental. CFRP tries to fit families into a comprehensive health service system by ensuring that health problems are identified and services are provided by CFRP or community agencies.

Screening and treating children, birth to age 8, for medical and dental needs is a major aspect of the Health Component. After a family is first enrolled, the children receive a medical and dental screening to determine if any treatment is needed. The screenings include tests in the following areas: vision, dental, hearing, urinalysis, tuberculosis, hematocrit, speech, and an assessment of current immunization status. Immunizations are provided free to all CFRP children. Transportation is provided by CFRP to families unable to transport themselves to medical appointments. Home visitors work with families coordinating needed health services.

Early medical screening of young children is an excellent opportunity to detect physical and mental health needs, learning disabilities, and other handicaps. The following examples demonstrate the importance of early screening.

Example 1

Upon entering CFRP, a 6-year-old boy was referred to a pediatrician by CFRP for correction of a congenital medical problem. After examining the child, the pediatrician recommended that the child undergo surgery to correct his condition. It was discovered during surgery that the child had a cancerous tumor, which was then removed. According to the pediatrician, the child would have died had the tumor not been detected and removed.

CFRP PROVIDES COMPREHENSIVE SERVICES TO FAMILIES, INCLUDING NUTRITIONAL SERVICES (JACKSON, MICHIGAN, CFRP).

Example 2

After undergoing a medical screening by CFRP, a 3-year-old girl was found to have a medical disorder. She was referred by the Bismarck CFRP to the University of Minnesota Medical School, where they found she had a rare metabolic disease--her body could not process protein. Because of the early detection and treatment of her condition, her health and development have significantly improved.

Example 3

A 4-year-old CFRP boy was not performing well in Head Start and was referred by CFRP for a special screening test. It was found that the child had a learning disability. He was referred to a specialist who developed a specific learning program for the child while in Head Start. The specialist worked with the child's teacher and also made home visits to inform the child's mother of his progress. This child has since improved his performance in Head Start.

	CFRP costs funded by ACYF--calendar year 1977				
	Bismarck	Gering	Las Vegas	St. Petersburg	Composite
Basic CFRP grant (plus supplemental grants)	$131,500	$137,000	$138,167	$137,000	$543,667
Head Start grant (note a)	27,866	56,655	24,540	121,926	230,987
Total CFRP costs funded by ACYF	$159,366	$193,655	$162,707	$258,926	$774,654
Number of families served	105	102	98	114	410
Cost per family (direct grants)	$ 1,518	$ 1,899	$ 1,828	$ 2,271	b/$ 1,869

a/Head Start grants are received from ACYF. In order to allocate a portion of the Head Start grant to the CFRP, we calculated the percentage of children in Head Start in 1977 at these locations who were from CFRP families, and multiplied the total Head Start grant by this percentage.

b/The average cost per family consists of $1,326 in CFRP grants and $563 in Head Start grants.

In addition to the direct grants for CFRP, costs are incurred by other community agencies for services rendered to CFRP families. As discussed earlier in this chapter, CFRP has been designed to supplement rather than duplicate existing community resources. Given this program philosophy, CFRPs we reviewed frequently referred families for outside assistance. To develop an estimate of the cost per family incurred by other community agencies, we randomly selected 60 families from three CFRP sites and identified all referrals for these families. We visited the organizations where these families were referred and obtained an estimate of costs incurred during 1977 to provide services to these families.

During visits to the four CFRPs, we assessed the health components in terms of recordkeeping, immunizations of enrolled children, and referrals for medical, dental, speech, and hearing treatment. We determined that health components at three of the four CFRPs were functioning well. Health records for 96 children from the three CFRPs were randomly selected, and we found the records to be up to date and complete. Of the 96 records examined, 90 showed children completely immunized during CFRP or Head Start enrollment. We also found that children were properly referred for medical, dental, speech, and hearing care.

At one CFRP visited, we found that childrens' health files were generally incomplete and not kept up to date. Immediate corrective action was initiated by that CFRP to improve its recordkeeping.

COSTS OF CFRP

Initially each CFRP was funded in 1973 as a part of an existing Head Start program. Each CFRP received a basic grant of $130,000 in program years 1976 and 1977, plus supplemental grants, in addition to the existing grant for Head Start. Most families enrolled in CFRP participate in Head Start when the child is 3 or 4 years of age. Head Start also services other children who are not from CFRP families. Therefore, the cost of the CFRP funded by the ACYF includes the CFRP grant, plus the portion of each Head Start grant that applies to CFRP families. Financial and other data for the CFRPs reviewed are shown in the following table.

Based on our review of referrals for 60 families, supporting agencies incurred estimated costs totaling $1,154 per family in 1977. Although the three CFRP locations were diverse in population, the cost per family from outside agency support was consistent:

CFRP location	Population	Cost per family
St. Petersburg/Tampa (note a)	1,370,400	$1,117
Las Vegas (note a)	332,500	1,157
Bismarck/Mandan (note b)	50,938	1,187
Average cost per family		$1,154

a/1976 population of the Standard Metropolitan Statistical Area.

b/1975 population of Bismarck and Mandan, North Dakota. These cities are adjacent.

The average of $1,154 per family cost for the three programs reviewed may not be typical of CFRP-type programs in other communities because of a number of variables affecting costs:

--The needs of families in a specific community.

--The degree to which the CFRP and the families identify those needs.

--The degree to which the CFRP does an effective job of coordinating with outside agencies for support.

--The extent to which inkind services are obtained from private sources.

--The availability of outside agency support in a community.

--The extent to which outside agencies are operating below capacity and could absorb new referrals at little or no extra costs.

--The extent to which the CFRP follows through with families and agencies to assure that services are being provided.

The following examples illustrate the types of costs we identified.

Example 1

The children required dental services when this family entered CFRP. They were referred to a publicly supported dental clinic, which incurred $236 in costs for services to these children in 1977.

Example 2

The parents and two children in one CFRP family lived in very poor housing. The home visitor made them aware of and assisted them in obtaining low-income public housing. The County Housing Authority incurred costs of $1,708 in 1977 related to housing for this family.

Example 3

The mother of a CFRP family expressed an interest in obtaining job training. The home visitor arranged the mother's enrollment in a CETA program where she was to be trained for work as a telephone operator. CETA spent $280 in 1977 for services provided to this woman.

The following table shows the annual per-family costs of CFRP services based on our work at the four programs (1977 dollars).

Cost category	Annual cost per family served
Direct CFRP grant	$1,326
Portion of Head Start grant applicable to CFRP	563
Total direct cost	$1,889
Costs incurred by other agencies for services to referred CFRP families (housing, health care, food stamps, job training, day care, welfare)	a/1,154
Total	$3,043

a/Cost data obtained for families of 3 of 4 projects.

FAMILIES PARTICIPATING IN CFRP ARE EXPERIENCING POSITIVE CHANGE AND ARE ENTHUSIASTIC ABOUT THE PROGRAM

We assessed changes in home environments of families enrolled at least 1 year in CFRP, and concluded that positive changes occurred. We talked with parents who expressed enthusiasm about the value of CFRP to their families. Staff at CFRPs and coordinating agencies also expressed positive views about the program.

Positive changes occurred in CFRP family home environments

CFRP operates on the theory that by promoting positive changes in family functioning, the children will benefit even after the family is no longer enrolled. The four CFRPs reviewed had a combined enrollment of about 365 families. We randomly selected 82 families from the group of families that were enrolled in CFRP for at least 1 year at the time of our visits to the CFRPs. We then assessed the home environments of these families.

To do so, we designed an evaluation instrument to rank the quality of each family's physical and emotional environment on a scale of zero to four, with four representing the top end of the quality scale. We assessed each family at three points in time: (1) at the time of their enrollment in CFRP, (2) 1 year after enrollment, and (3) the date of our assessment (2 to 4 years after enrollment). Our assessment considered a variety of factors:

--The social environment of the home as it relates to the child's emotional stability.

--The quality of the child's living environment in terms of the adequacy of toys, games, and other learning experiences.

--The safety of the child's living and play environment.

--The physical quality of the child's living and play environment, such as the adequacy of space, lighting, and housekeeping.

--Child management by the parents.

--The extent that learning is encouraged in the home.

--The quality of interaction between parents and children; i.e., the amount of time together, positive or negative feedback from parents, and the presence of the father figure.

--Parental concern for and follow through in providing adequate health care for the child.

--The quality of nutrition in the home.

We rated each family's physical and emotional environment on 21 specific factors, and gave extra weight to what we believe are important factors in a young child's environment. For example, whether the child was subjected to emotional or physical abuse was weighted more heavily than the frequency that the parents take the child on outings. An average rating of the 21 factors was computed for each point in time.

We based our rating on detailed interviews with CFRP staff who had close contact with the family for the period we were assessing, on our review of written observations of the family environment made by CFRP staff who worked with the family, and on interviews with the parents of the families we assessed. We consistently were able to arrive at a consensus with CFRP staff on family ratings.

As shown in the following chart (see p. 71), CFRP family home environments improved significantly during their participation in the program.

Specific examples of improvements in family home environments represented by the chart are presented below.

Example 1

A single-parent mother of four children enrolled in CFRP was observed by her home visitor to often verbally abuse her young children by calling them stupid and yelling at them. After several discussions between the home visitor and the mother about the potential negative effects of verbal abuse, the mother stopped this behavior. This mother told us during an interview that she gets along much better with her children since she has stopped the verbal abuse.

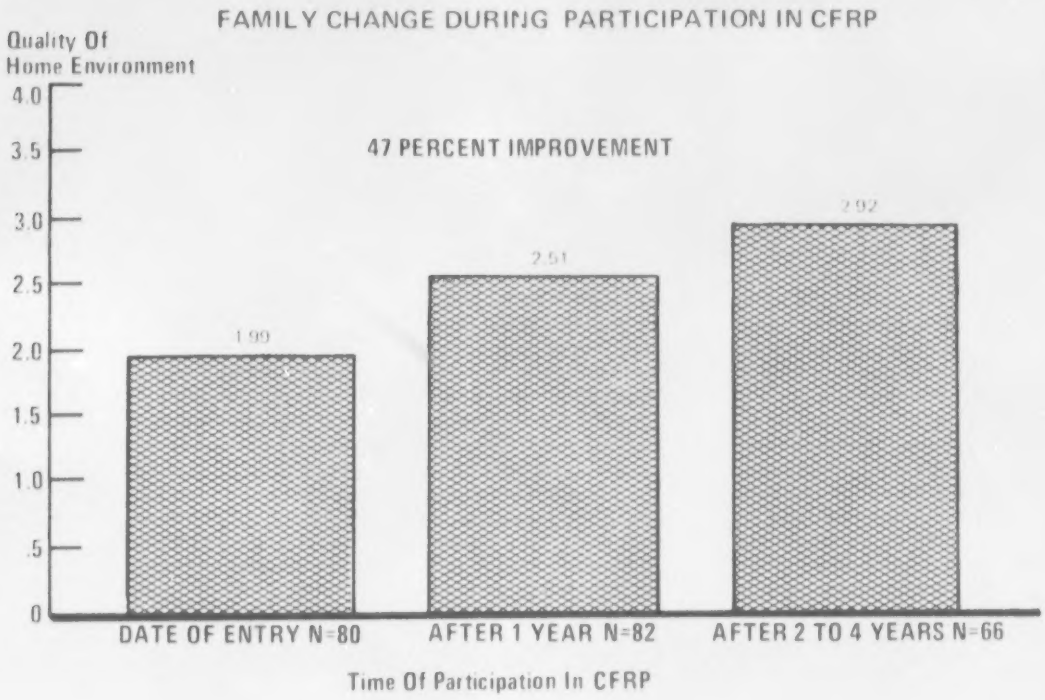
Example 2

A single-parent mother with seven children had very few books, toys, and games, which are helpful for children learning in the home. The number of books in the home increased

after the home visitor obtained library cards for the children. The CFRP toy library loaned educational toys and games to the family. Subsequently, the home visitor observed that the mother had greatly increased the time spent reading to and interacting with her children.

Example 3

At the time of enrollment in CFRP, this family of two parents and six children lived in a two-room house with no refrigeration, hot water, or bathroom facilities. During their period of enrollment in CFRP, the father obtained a better job and the mother started working outside the home. The CFRP staff assisted the family in finding better housing, brought toys and learning materials into the home for the children, referred them to community agencies for needed services, and held parent socials and workshops that this family frequently attended. The family was arranging to purchase a home at the time of our visit to the CFRP.



CFRP parents were enthusiastic about the program

We interviewed parents of 64 of the 82 CFRP families we studied, and they expressed highly favorable comments about the program's quality. Most of the interviews were conducted at these families' homes.

Parents said that CFRP helped their children in a variety of developmental ways, such as becoming more assertive and independent, developing a better vocabulary, becoming prepared for school-related material, and having better social interaction with other children. Parents also noticed improvements in their own lives, such as learning more about nutrition, developing a better understanding of their children's development, improving their parenting techniques, and doing more as a family.

Parents also commented that CFRP had been a great help in meeting the health needs of their children by providing immunizations, medical screenings, and treatment for medical, dental, and visual problems.

Another important issue discussed with parents during the interview was whether they considered CFRP an invasion of their privacy in any way. Parents we interviewed stated that they did not consider CFRP an invasion of their privacy.

Staff from CFRPs and community agencies had positive views about the program

Staff from community agencies where many CFRP families had been referred to for services stated that CFRP had obtained many key services for families. Twenty-two agency officials were interviewed, and they had positive views about the program. Many of the comments made by these officials emphasized CFRP as a preventive rather than rehabilitative program, focusing on comprehensive family services. Below are examples of comments made by agency officials.

> "CFRP * * * works intensively with the family, using a family approach. CFRP has ambition and new incentive * * *." (Director of Social Services at a local hospital)

> "CFRP is one agency I know I can go to and will always get results." (a local health agency official)

"CFRP is a great idea and a terrific program * * *." (a mental health center official)

We also asked directors of the CFRPs visited what they viewed as the main benefits to CFRP families. The directors cited the following as the main benefits:

--Families have a place to contact for immediate help during a crisis.

--Families often learn to cope with their problems, learn to help themselves, and become more self-sufficient.

--Families have a more positive self-image and more positive attitudes toward life.

--Parents develop a deeper sense of awareness of the importance of their role in their children's development.

Dr. Edward Zigler made the following statement about the importance and direction of CFRP during a speech at the National Parents, Children and Continuity Conference in El Paso, Texas, on May 24, 1977:

"Analogously, in the future we should stop viewing our Head Start program as a panacea required by every child whose family income falls below some arbitrary figure. Head Start has already begun its evolution away from being a single program to becoming a center with a variety of programs serving the myriad needs of children and families residing in neighborhoods where the Head Start center is situated. I am arguing here that rather than expecting children to fit the requirements and characteristics of Head Start, Head Start should become a center containing many programs tailored to fit the needs of the children and their families. This model of the Head Start program of the future already exists in O.C.D.'s Child and Family Resource Programs. In my opinion, this model is the wave of the future."

CHAPTER 7

POTENTIAL BENEFITS AND COSTS OF EARLY CHILDHOOD AND FAMILY DEVELOPMENT PROGRAMS AND MATTERS FOR CONSIDERATION BY THE CONGRESS

We believe that early childhood and family development programs can offer many benefits that will improve the quality of life for children and families. We believe that effective programs focusing on prevention could reduce problems contributing to educational and health deficiencies in young children which are expensive and difficult to overcome in later years.

The costs of early childhood and family development programs would vary, depending on how the program was implemented and community needs and resources. The comprehensive programs we reviewed cost about $1,890 per year per family and up to $1,154 in costs incurred by outside agencies providing services to families referred by the program.

PROBABLE BENEFITS FROM EFFECTIVE EARLY CHILDHOOD AND FAMILY DEVELOPMENT PROGRAMS

Based on our work at CFRPs and our review of research on early childhood and family development programs, we believe that effective programs can offer many benefits that will improve the quality of life for families:

--Improved preventive health care and nutrition for young children.

--Improved educational development in young children.

--Ready assistance to families at moments of crisis.

--More parental awareness of child development and positive parent/child relationships.

--Assistance to families in understanding and dealing with the complex array of community resources.

--Assistance to family members in establishing individual and family goals.

These improvements in quality of life factors might lead to a break from the negative cycles of poverty, child abuse, and school failure that are present in many families and have persisted for generations. Therefore, effective programs might produce long-term positive outcomes extending to following generations of participating families.

We believe the direct benefits to children and families from early childhood and family development programs could benefit society in general. We believe that financial benefits, increased human potential, and reduced human suffering would probably be realized from effective early childhood and family development programs.

Reduced need for spending for overcoming educational and health deficiencies in children

Federal, State, and local governments are spending billions of dollars annually on rehabilitation and assistance programs for children with special educational and health needs. Nearly all of this money is invested for children during their traditional school years, from ages 5 to 18. Proponents of early childhood and family development programs believe this investment strategy is erroneous, and that a much greater investment in preventive efforts during the formative early childhood years is warranted. Recent research evidence indicates that an investment in early childhood and family development programs may reduce the number of children requiring special programs. (See ch. 4.)

A large amount of money is spent on major Federal, State, and local efforts to rehabilitate and assist children with special educational and health needs. (See app. IV.)

A long-term reduced dependency on the public welfare system

We believe effective early childhood and family development programs might reduce the number of people needing public support. We believe this effect may result from three factors:

1. Children who participate in early childhood and family development programs may be more successful in elementary and secondary school as a result of the programs.

2. Early childhood and family development programs will create jobs.

3. Assistance to families provided by the social services and parent involvement components of early childhood and family development programs may make families more self-sufficient.

School failure leads to unemployment and welfare dependency

Recent research data that we discussed in chapter 4 show that children who participated in early childhood and family development programs performed better in school than comparison groups who experienced no early childhood program. We believe effective early childhood and family development programs enrolling low-income families have excellent potential to result in improved school performance for the children of these families.

There is a direct relationship between poor school achievement and dependency on welfare for support. A 1975 study showed that the median grade level completed in school for an AFDC recipient was between grade 10 and 11 for women and approximately grade 9 for men. This compares with a completed grade level of 12.1 for the general population. (See ch. 3.)

A Department of Labor report presented March 1976 data showing that the rate of unemployment is directly related to school achievement. The unemployment rate for persons with less than 4 years of high school was about four times higher than persons of the same age with 4 or more years of college, and almost double the rate of those who had completed high school.

Jobs will be created by an increased investment in early childhood and family development programs

Early childhood and family development programs require large staffs because they are people-to-people programs. At the CFRPs visited, about 73 percent of the CFRP grant was used for salaries for program staff. There were 73 staff persons at the four projects.

A variety of jobs would be offered by new programs. Professional, as well as untrained, personnel would be needed to fill jobs as teachers, aides, home visitors, nurses, cooks, and bus drivers. Approximately 45 percent of the staff at the four CFRPs visited were nonprofessionals. (See apps. V and VI for a list of the CFRP staff characteristics and the types of staff employed by such programs.)

Many of the jobs could go to low-income persons who are presently unemployed and on public welfare. The obvious benefit is the removal of people from welfare dependency through employment. Thirteen of the 73 staff persons at the CFRPs visited were employed because of the Department of Labor's CETA Programs, and HEW's WIN (which is directed at AFDC reipients). Another significant benefit is that those persons closely involved with the program may better understand child development, use of community resources, proper health care, proper nutrition, and other factors that might improve family functioning.

Assistance to families can improve self-sufficiency

During our review of the CFRPs, we found some cases where families became self-sufficient and left the public welfare rolls largely because of counseling and assistance by program staff. When employment was an appropriate goal for a family member, CFRP often assisted with referral to a job training program or a potential employer. Program staff were also helpful to families in providing suggestions or presenting alternatives for a family to follow to assist them with accomplishing their goal of a higher income. Three of the the four CFRPs visited had data available showing that, since enrollment in CFRP, a number of family members became employed and fewer families received welfare assistance. (See app. III.)

Although empirical data is extremely limited on the long-range accomplishments of children and families who have participated in early childhood and family development programs, we believe there is evidence indicating that such programs do have potential for improving the long-term self-sufficiency of participants. While it is not practical to project a percentage reduction in welfare dependency that might result from a major program in early childhood and family development, we believe it is important to note that even a small percentage improvement in family self-sufficiency has significant potential for savings, considering the size of the Nation's welfare budget.

Increased tax revenues would probably result from an investment in early childhood and family development programs

Because early childhood and family development programs are labor intensive, most of the investment in the program would go directly to salary payments to individuals. This

reduction in unemployment would not only probably save welfare costs, it would probably increase tax revenues.

We also believe that a long-term increase in tax revenues may result from the increased earning power of children who participate in early childhood and family development programs. Although research data are limited, they have shown that such programs have positive effects on the long-range school performance of participating children. Data also show that, as a person completes additional years of school, his/her lifetime income is likely to correspondingly increase.

Reduced costs associated with crime

The annual cost of crime in the United States was estimated by U.S. News and World Report to be about $86.5 billion in 1975. The cost of juvenile crime alone has been estimated to be about $16 billion annually. The average cost to keep a person in prison for a year is about $12,000 to $15,000.

We believe an early childhood and family development program could improve family functioning and improve the school performance of participating children. Research evidence indicates that these factors have an important relationship with criminal behavior.

Poor school performance and criminal behavior are directly related. (See ch. 3.)

Poor parent-child relationships during early childhood seemed to be linked to criminal behavior in later years. On December 6, 1977, the Canadian Senate's Subcommittee on Childhood Experiences as Causes of Criminal Behavior heard testimony from Dr. E. T. Baker, a prison psychiatrist with the maximum security division of an Ontario penitentiary. Excerpts from his presentation follow:

> "One factor that repeatedly emerges in the environment of antisocials is that of deviant parents * * *. The child, in the early formative years, should have an experience with parents or others that is empathic and in keeping with his abilities and * * * full of love * * *. They (the violent criminals who are my patients) simply did not have these needs met early. They are struggling, and they will continue to struggle for the rest

of their lives. I believe it is something like imprinting. There is a critical period for that bonding to occur, and if it does not occur, it cannot be put in at the age of 5, 10, 15, 20, or 50 * * *.

"I think it is as an infant in the first three years that the child was not treated with empathy, that there was not an adequate understanding of his capacities for the age * * * (that the child was often) thought of as a chattel to be molded or coerced rather than as a person with the rights to develop in his own way, or treated, in a sense, with some respect in those early years. * * * I believe that that has been deficient in my patients." 42/

Reduced human suffering

The costs of preventable infant mortality, mental retardation, physical handicaps, child abuse, emotional handicaps, and lost human potential cannot be measured in dollars. They are only observable in human suffering, both in the parents and the victimized children. We believe effective early childhood and family development programs can reduce these problems.

COSTS OF EARLY CHILDHOOD AND FAMILY DEVELOPMENT PROGRAMS

The costs of an early childhood and family development program can be only roughly estimated because the cost of the program would depend on a variety of factors:

1. The degree that the program is comprehensive. A comprehensive program such as CFRP would cost more than a program that dealt only with the educational needs of a young child.

2. The needs of families in a given community and the resources available to meet those needs. In some communities, an early childhood and family development program could be integrated as a link between families and existing resources with very little need for the creation of additional services. In other communities, some additional services would need to be created to to meet the needs of families.

We believe that comprehensive early childhood and family development programs like the CFRPs we reviewed may cost about $1,890 per family per year and up to $1,154 in costs incurred by outside agencies providing services to families referred by the programs (in 1977 dollars). (See ch. 6.) If these programs were to be expanded and assuming that an initial expansion was designed to serve 10,000 families, the annual cost of this effort would be about $18.9 million, plus the additional costs incurred by outside agencies. The cost of providing comprehensive services to most families who need these services would be much greater; e.g., serving 1 million families would cost about $1.89 billion annually, plus the additional costs incurred by oustide agencies. We are not aware of any reliable estimates of the number of families who need or would voluntarily enroll in comprehensive early childhood and family development programs. Our use of 1 million families is presented to provide a projection of the costs of a large-scale program that would serve a significant percentage of the families who would be eligible for and enroll in the program.

Less comprehensive approaches to early childhood and family development would be less expensive. For example, the Minnesota Early Childhood and Family Education program operates for $134 per participant per year. If the average family size was five, the program cost would be $670 per family per year. The extent and range of services provided by the Minnesota project are not as comprehensive as the CFRPs. (More information on the Minnesota program appears in ch. 5.)

An economic analysis of early childhood education was done on the Perry Preschool Project, Ypsilanti, Michigan, which was conducted during the early 1960s. The analysis was to determine whether there was an economic justification for public investment to fund early childhood education projects. The research showed that a substantial portion of the total costs of the early childhood program was recovered from the savings which resulted from participating students requiring less costly forms of education as they progressed through school (such as less special education and institutionalized care).

An important factor to consider in the decision of whether to invest Federal funds in comprehensive early childhood and family development programs is that these programs are labor intensive. Because most of the investment in a comprehensive program would go directly for the creation of jobs, we believe some of the new costs incurred would be

simply a transfer of money now being paid out in public support payments of various forms.

ACYF POSITION ON EARLY CHILDHOOD AND FAMILY DEVELOPMENT PROGRAMS

ACYF officials believe that more programs in early childhood and family development are needed, and that an adequate knowledge base exists about ways to provide services to young children and families. The primary reason that ACYF efforts in early childhood and family development programs are so limited is that funds to initiate new programs are lacking. ACYF officials stated that they could readily plan for implementing such programs if additional funding was made available for early childhood and family development programs.

MATTERS FOR CONSIDERATION BY THE CONGRESS

This report shows that early childhood and family development programs are needed and can be effective in improving the quality of life for children and families. This information should be considered by the Congress in its deliberations on future legislation that might be introduced to authorize comprehensive child care programs.

If the Congress enacts comprehensive child care legislation, we believe that the legislation should require that the programs provide or secure (emphasizing the use of existing community resources) comprehensive services for young children and their families who wish to participate:

--Preventive and continual health care and nutrition services.

--Family services based on a need and goals assessment for each family.

--Developmental/educational programs for children aged birth through preschool years (with recognition that parents are the first and most important educators of their children).

--Preschool/elementary school-linkage efforts to enhance and management.

--Programs that involve parents in program activities and give parents an influential role in program planning and management.

If enacted, funding of comprehensive child care programs should be increased gradually, and evaluations of the program should be made while they are operating. The programs should be revised and improved when effective new and innovative techniques on the development of young children and families are discovered and refined.

Implementation considerations

We believe the following factors need to be considered for an effective early childhood and family development program:

1. The program should provide or secure comprehensive services, with emphasis on prevention. The health, nutritional, and social services needs of families should be met if child and family development programs are to achieve maximum effectiveness.

2. The program design should give flexibility to local program staff to implement special efforts to meet the unique needs of families in a specific community.

3. The program should supplement rather than duplicate existing community resources. For maximum effectiveness at minimum cost, the program should serve as a link between families and existing support organizations that can provide services to meet family needs or enhance family goal accomplishment.

4. Parents should have an influence on program planning and administration, and parents should be involved directly in the educational/developmental program aimed at improving the development of the young child.

5. Selection and training of staff is very important. The staff must thoroughly understand the program's goals and how their contribution to the program relates to those goals. Program staff need to understand child development and be aware of how the family plays the most important role in a young child's development. Both preservice and inservice training are important.

6. Guidelines or standards should be established to insure that the program is properly administered. A continuous evaluation system should be established to determine program effectiveness.

AGENCY COMMENTS

Commenting orally on our draft report in a meeting held on January 22, 1979, HEW officials agreed with the findings and conclusions. They said that the report presents an accurate and comprehensive view of child development issues.

APPENDIX I

FOOTNOTES

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APPENDIX II

The WASHINGTON, D.C., EARLY CHILDHOOD AND FAMILY DEVELOPMENT CENTER

The Washington, D.C., Early Childhood and Family Development Center is an example of an early childhood and family development center operating in a section of a large urban area. The Center is a multifunded, nonprofit corporation that provides comprehensive educational, health, nutritional, and social services to disadvantaged children and educational and support services to their families. The Center has three basic educational programs: a home-based program; an infant, nursery, and pre-kindergarten program; and a parent education program. The Center's programs stress the importance of reaching the child at an early age to prevent later problems (such as untreated learning disabilities). The programs also help parents care for their children.

The Center is located in a low-income community in the Northwest section of Washington, D.C., and mainly serves families living below the poverty income level. Priority for enrollment is given to children of families who are receiving AFDC assistance while the parents are seeking employment, returning to school, or in a job training program. Almost 90 percent of all families were on welfare at the time of enrollment. The Center also serves a large number of single-parent families.

Description of the Center's program

The home-based education program teaches parents--both expectant and those with children up to 3 years--the basics of caring for their children's development. This program (which is the PCC component of the Center) began in 1968 and is funded by HEW through the United Planning Organization.

The infant, nursery, and pre-kindergarten programs are center based and provide developmental day care for children aged 6 weeks to 3 years, 3 to 4 years, and 4 to 5 years, respectively. Each of these programs is funded by the D.C. Department of Human Resources. The infant and nursery programs began in 1971; the pre-kindergarten program began in 1975. Until 1976, the Center had a kindergarten program through third grade. This program has since been transferred to a local elementary school. To date, two evaluations have been made of the Center's educational programs' impact on the enrolled children.

The first, conducted in the 1972-73 school year, assessed the achievement level of the Center's kindergarten children in arithmetic, spelling, and reading. The results of the evaluation indicated that the children were on the average functioning at the first grade level by mid-April of the kindergarten school year. The second, conducted in the 1973-74 school year, measured the achievement level of the Center's kindergarten children, as compared to those of the traditional kindergarten class in the same school. The results of this evaluation showed that the Center's group on the average exceeded the comparison group in the areas of math (percentile rank: PCC-61, comparison group-50), reading (percentile rank: PCC-80, comparison group-49), and spelling (percentile rank: PCC-80, comparison group-47).

The Parent Education Program began in 1968 and is funded by the United Way of the National Capital Area. The participants must be junior high school dropouts receiving public assistance and the parent of one or more children under the age of 4 years. Classes are held by the D.C. school's adult education program to help parents obtain their high school equivalency diploma. Vocational classes are provided for the parents, as well as classes in parenting, community resources, and basic knowledge of health, hygiene, nutrition, consumer education, and budgeting.

Parent involvement is stressed by the Center

The Center's programs are to involve parents in all phases of activities. Parents are actively involved in the planning of all programs; they attend training workshops and conferences at the Center and meet once a month to discuss their concerns.

According to the Center's Director, working with parents may also relieve some of the stress of everyday family life and may also serve to prevent child abuse and neglect. Developing the maturity to cope with an infant's demanding needs is a problem with parents that attend the Center. The Center realizes that the frustrations of unprepared parents may lead to child abuse; the Center discourages physical discipline and encourages positive and consistent discipline. When cases of child abuse and neglect are detected, the Center refers the problem to agencies geared to working with parents rather than removing the child from the home. Child abuse and neglect referrals from Child Protective Services are also made to the Center.

Comprehensive services are provided to families

Comprehensive services are provided to enrolled families either directly by the Center or through referrals to other agencies or organizations. The Center has a variety of sources that it refers families to, the majority of which actively volunteer their services (inkind). The volunteer program utilizes citizens from the community area, graduate students, professionals, and consultants. Most of the agencies or organizations that provide services to the Center (i.e., Howard University, the Children's Hospital, and the Webster Job Training Center) are either privately funded or funded by the D.C. Government. A very small portion of these services are federally funded.

Over the past several years, the Center has firmly established the need for more comprehensive services in childhood and family development. Citizens, agencies, and public servants of Washington, D.C., have repeatedly expressed their desire for a child development structure which could provide more effective services to children.

The Center's response to this need is the planning of a comprehensive, multiservice child development center where, under one roof, a number of agencies might offer readily available services to families and children and where child development services could more easily be coordinated and integrated on behalf of children and families.

Staff Characteristics of the Washington, D.C., Early Childhood and Family Development Center

	Total Center programs
Number of staff (excludes volunteers)	46
Number of parents in staff positions	20
Staff in CETA/WIN programs	5
Number of male staff	6
Number of female staff	40
Number of professionals	17
Number of nonprofessionals	29
Number of volunteers	14

APPENDIX II

Family Characteristics of the Washington, D.C., Early Childhood and Family Development Center

	Home-based programs (PCC)	Infant, nursery and prekindergarten program
Total number of familes	95	64
Number of families enrolled:		
Below poverty level	91	a/Average slightly above poverty level
Above poverty level	4	
Number of single parents	59	43
Education level of parent	Average 11th grade	b/4--grades 1-8 46--grades 9-12 (14 received high school diplomas; 8 had some education beyond grade 12)
Ethnic background	95-Black	62-Black 1-Indian 1-Hispanic
Source of income at time of enrollment (note c)	10-Employed 85-AFDC/Welfare	43-Employed 17-AFDC/Welfare 4-Other
Present source of income	19-Employed 76-AFDC/Welfare	47-Employed 13-AFDC/Welfare 4-Other

a/To be enrolled in the Department of Human Resources funded programs, the parents either have to be employed, in training for a job, or in school.

b/The extent of information readily available on parent education levels.

c/Other includes sources of income such as unemployment compensation, social security, etc.

CFRP FAMILIES' CHARACTERISTICS (note a)

	Gering	St. Petersburg	Bismarck	Las Vegas	All 11 C.F.R.P.s
Total number of families	108	91	94	72	1,058
Number of families enrolled:					
Below poverty level	101 (94%)	66 (72%)	74 (79%)	50 (69%)	940 (89%)
Above poverty level	7 (6%)	25 (28%)	20 (21%)	22 (31%)	118 (11%)
Number of single parents	39 (36%)	71 (78%)	44 (47%)	57 (80%)	641 (60%)
Education level of parents (note b)	35 parents had high school diplomas	Of the 20 two-parent families, there are 5 families where both parents had high school diplomas and 15 families where both did not have high school diplomas	18--Grades 1-8 86--Grades 9-12 70 of these received high school diplomas; 24 had some education beyond grade 12; 10 had college degree	16--Grades 1-8 64--Grades 9-12 27 of these received high school diplomas; 7 had some education beyond grade 12	700 received high school diplomas; 21 had a college degree
Ethnic background	59--Mexican Americans 29--Caucasian 15--American Indian 3--Anglo/Mexican 1--Black 1--Indian/Mexican	90--Black 1--Caucasian	c/78--Caucasian 7--Native Americans 5--Oriental 4--Kurdish 2--Black	42--Black 18--Mexican Americans 10--Caucasian 2--Native Americans	462--Caucasian 452--Black 96--Hispanic 38--Native American 10--Asan/Pacific Islander
Source of income at time of enrollment (note d)	59--Employed 34--AFDC/Welfare 11--AFDC and employed 4--Other	24--Employed 40--AFDC/Welfare 19--AFDC and employed 8--Other	34--Employed 53--AFDC/Welfare 7--Other	21--Employed 51--AFDC/Welfare	367--Employed 550--AFDC/Welfare 141--Other
Present source of income	Not readily available	39--Employed 29--AFDC/Welfare 15--AFDC and employed 8--Other	58--Employed 17--AFDC/Welfare 11--AFDC and employed 8--Other	45--Employed 26--AFDC/Welfare 1--Other	Not available

a/Appendix contains latest information readily available at the CFRPs. Gering information is as of March 1977; St. Petersburg as of October 1978; Bismarck as of September 1978; Las Vegas as of October 1978; and all 11 CFRPs as of spring 1977.

b/Extent of information readily available at CFRPs on education level of parents.

c/Total is over 94 families due to mixed family composition in two cases.

d/Other includes sources of income such as unemployment compensation, social security, etc.

APPENDIX III

MAJOR FEDERAL, STATE, AND LOCAL EFFORTS TO REHABILITATE AND ASSIST CHILDREN WITH SPECIAL EDUCATIONAL AND HEALTH NEEDS

Legislative authority	Program description	FY 1977 costs (000 omitted)
Federal:		
Elementary and Secondary Education Act, Title I	Programs for edcuationally deprived children	$1,721,361
Indian Education Act, Title IV	Programs meeting special educational needs of Indian children	25,000
Elementary and Secondary Education Act, Title I, Section 123	Programs to improve the education of delinquent and neglected children in State institutions	28,841
Education of the Handicapped Act, as amended	Programs for the special needs of handicapped children	320,125
Higher Education Act, Title IV-A	Programs to motivate young people with low-income backgrounds and inadequate high school preparation to enter postsecondary training	a/38,331
Vocational Education Act of 1963	Programs to provide vocational education for disadvantaged persons who have not succeeded in regular programs	a/20,000

State:		
State appropriations for special education	Programs for children who are mentally retarded, hard of hearing, deaf, speech impaired, visually	2,547,799
Local:		
Local school districts budgets for special education	handicapped, emotionally disturbed, orthopedically impaired, other health impaired, specific learning disabled, multihandicapped, and other	b/1,517,623
Total		b/$6,219,623

a/Amount shown is fiscal year 1976 appropriation.

b/Data on local costs was not available from some States, and this amount is an estimate for all States based on available data.

Source: "Guide to U.S. Office of Education Administered Programs, Fiscal Year 1977, and State Profiles in Special Education," National Association of State Directors in Special Education.

CFRP STAFF CHARACTERISTICS (note a)

	Gering	Bismarck	St. Petersburg	Las Vegas	Four CFRPs' totals
Number of staff	30	20	11	12	73
Number of parents in staff positions	6	0	0	0	6
Staff in CETA/WIN programs	4	4	5	0	13
Number of male staff	1	4	2	2	9
Number of female staff	29	16	9	10	64
Number of professionals (note b)	15	11	6	8	40
Number of nonprofessionals	15	9	5	4	33
Number of volunteers	c/31	1	0	0	32

a/Appendix contains latest information readily available at the CFRPs. Gering information is as of March 1977; St. Petersburg as of October 1978; Bismarck as of September 1978; and Las Vegas as of October 1978.

b/Professional is defined in this report as anyone who has a college degree and/or is certified in a particular profession, such as registered nurse or certified public accountant.

c/This CFRP has eight different locations. As of October 1978, the Gering CFRP had 31 volunteers offering their services to the CFRP families at these locations.

APPENDIX V

APPENDIX VI

TYPES OF STAFF EMPLOYED BY EARLY CHILDHOOD AND FAMILY DEVELOPMENT PROGRAMS

Program Coordinators (parent involvement coordinator, health coordinator, administrative coordinator, school linkage coordinator, social services coordinator, etc.)

Home Visitors/Family Advocates

Program Assistants and Aides

Executive Directors

Support Staff (secretaries, receptionists, bookkeepers, fiscal officers)

Nurses

Teachers/Instructors/Educators

Custodial

Cooks/Nutritionists

Drivers

Housekeepers

Accountants

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